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The Presbyterian Hospital Bulletin

CHICAGO, ILL.

JANUARY, 1922

NUMBER 48

Published Quarterly by the Woman's Auxiliary Board. Committee:

Mrs. E. E. Irons, Chairman; Mrs. James B. Herrick, Mrs.

H. H. Belfield, Mrs. W. B. Martin, Mrs. Frederick T.

Haskell, Mrs. D. W. Graham.

Subscriptions, 50 Cents a Year, may be sent to Asa Bacon,
Superintendent, The Presbyterian Hospital of Chicago, or to
Miss Mary Reed, 1243 E. 50th St.

OUR HOSPITAL

Our Hospital is maintained for the service of HUMANITY, making no distinction of race, creed or color, and reaches out to all states in the Union.

It cared for 10,439 patients last year—giving 136,341 days of treatment.

Thirty per cent of this was entirely free at a cost to the Hospital of \$192,250.00, not including the free service rendered by our medical and surgical staff.

It is an educational institution, sending out into the world 100 trained doctors and nurses yearly.

It is the result of 39 years of faithful work on the part of the citizens of Chicago and vicinity.

It is a Christian institution for which an annual contribution is taken in all Churches of Chicago Presbytery usually on Easter Sunday, yet non-sectarian in its ministrations, caring annually for 40 different nationalities of all creeds.

It is endorsed by The Presbyterian Social Union, The Chicago Association of Commerce, The Chicago Community Trust and the American Hospital Association.

ASA BACON, Superintendent.

THE ANNUAL MEETING

The thirty-eighth annual meeting of the Woman's Board of the Presbyterian Hospital was held on Monday, January 9, 1922, in the Chapel of the Hospital, at eleven o'clock. Mr. Day, President of the Board of Managers, presided. The exercises were opened with prayer by Rev. R. E. Vail, D. D.

Mr. Day expressed his appreciation of the privilege of presiding at a meeting of a Board so unusual, not only in the type of its Presidents, but also in its loyal active body of women.

The Treasurer's report was read and accepted. The Unified Report of the work of the year compiled from reports of the several chairmen was read by Mrs. Frank C. Caldwell.

Mr. Day then presented Dr. Jas. B. Herrick, the speaker of the morning, a member of the staff of the Hospital. An abstract of Dr. Herrick's paper is printed in this issue.

The report of the Nominating Committee was read by Mrs. Carey Culbertson, Chairman. On motion the report was adopted and the Secretary directed to cast the ballot of the meeting for the nominees. The ballot was so cast.

Mr. Day invited those present to accept the hospitality of Mr. Bacon and partake of luncheon prepared by Miss Lucy Clark.

The meeting adjourned.

RECORDING SECRETARY'S REPORT

The Recording Secretary reports, for the thirty-eighth annual meeting, an enrollment of two hundred and thirty-four members. There have been nine monthly meetings, with an average attendance of seventy. Thirty-seven churches have been represented.

Five members, Mrs. Curtis, Mrs. Goldsmith, Mrs. White, Miss Liddell and Miss Brown have attended every meeting.

During the year, one of our members, Mrs. William Morrow, has passed "to the great beyond."

We have had twenty-six new members and six resignations.

KATE D. MARTIN, Secretary.

REPORT OF THE CORRESPONDING SECRETARY

In the nine months of the past year, that this Woman's Auxiliary Board has been carrying on its various activities, your Corresponding Secretary received thirty-nine letters and wrote seventy-five, also sent out thirty-two cards for a special meeting and mailed four hundred and ninety-seven Bulletins. The July issue of the Bulletin was omitted by vote of the Board but the October number contained enough of interest for both.

In April, the Birthday Fund, which had its origin at the January Finance meeting, as a little side issue, was put into the keeping of the Corresponding Secretary. As many of our sensitive women had rather deposit a one dollar bill than run the risk of anyone knowing their age in years by the number of pennies the fund has grown to a goodly sum.

Knowing that the real purpose of this fund is to express in various ways the loving thoughts and kindnesses of this Board, we look for more birthday pennies and dollars in 1922.

JESSIE A. PENFIELD, Cor. Secretary.

TREASURER'S REPORT

TOTAL RECEIPTS—1921

Associate Memberships	\$ 1,865.50
Bulletin	109.50
Child's Free Bed	1,999.86
Contributors	2,526.40
Dues	419.00
Delicacies	680.17
Free Beds	1,700.00
Interest	549.63
George Cormack Fund	209.00
Loans Returned	290.00
Luncheons	56.39
Library	25.29
Occupational Therapy	184.00
Pledge	4,300.00
Mrs. Daniel A. Jones Fund.....	400.00
Thanksgiving Linen	1,493.25
Tag Day	2,661.82

Gladys Foster Memorial Nurse.....	175.00
Corey Room Endowment.....	100.00
Gift from Graduate Nurse.....	5.00
Gift to Social Service.....	10.00
Total	<u>\$19,759.81</u>

TOTAL DISBURSEMENTS FOR 1921

Accrued Interest	\$ 54.18
Bulletin	454.50
Corey Room	26.75
Chapel Music	65.00
Christmas Expenses	300.00
Children's Department	300.00
Mr. Bacon, Delicacies.....	680.17
Mr. Bacon, Luncheons.....	56.39
Mr. Bacon, Incubator.....	179.00
Exchange30
Furnishings	3,088.34
Gladys Foster Memorial Nurse.....	1,000.00
Library Expenses	15.89
Occupational Therapy	208.00
Postage and Printing.....	269.22
Jas. A. Patten, Treas.:	
Child's Free Bed.....	1,999.86
First Church, Austin, Free Bed.....	300.00
Fourth Church, Chicago, Free Bed.....	300.00
First Church, Chicago, Lamson Free Bed.....	300.00
First Church, Chicago, Thos. A. Wells Bed.....	300.00
Mary Raynolds Black Endowment.....	500.00
Social Service:	
Salaries	\$3,600.00
Expenses	506.45
	<u>4,106.45</u>
School for Nurses:	
Scholarship	600.00
Loans	736.00
Expenses	256.00
	<u>1,592.00</u>

Tag Day Fund:

Wet Nurse Salary.....	137.53	
Pre-Natal Nurses' Salary.....	1,270.34	
Tag Day Expense	97.13	
Third Tag Day Bed.....	500.00	
	<u> </u>	2,005.00

Miscellaneous:

Margaret L. Mahoney.....	18.75	
Northern Trust Safe Dept., Rent.....	4.00	
American Hospital Association, Dues.	10.00	
George Wittbold	7.50	
	<u> </u>	40.25

\$18,141.30

BALANCE—1921

Jan. 1, 1921. On hand.....	\$10,455.57
1921. Receipts	19,759.81
	<u> </u>
	\$30,215.38
1921. Disbursements	18,141.30
	<u> </u>
Balance	\$12,074.08

REPORT OF NOMINATING COMMITTEE

Mrs. Carey Culbertson, chairman for 1921, read the report of the Nominating Committee for Officers for the year 1922 and the 1924 class of the Executive Committee.

Honorary Presidents—Mrs. McCormick, Mrs. Octavius Newell.

Honorary Vice-Presidents—Mrs. Timothy Blackstone, Mrs. William Blair, Mrs. Ernest A. Hamill, Mrs. Frederick W. Crosby.

President—Mrs. Perkins B. Bass.

Vice-Presidents—Chairman, Mrs. David W. Graham; First Vice-President, Miss Helen V. Drake; Second Vice-President, Mrs. Henry M. Curtis; Mrs. William C. Covert, Mrs. Albert M. Day, Mrs. A. B. Dick, Mrs. C. K. Pomeroy, Mrs. John Timothy Stone, Mrs. John C. Welling, Mrs. C. L. Bartlett, Mrs. Hamilton McCormick, Mrs. C. Frederick Childs.

Recording Secretary—Mrs. Wilton B. Martin.

Corresponding Secretary—Mrs. Frederick T. Haskell.

Treasurer—Miss Mary Reed.

Assistant Treasurer—Mrs. William R. Tucker.

Executive Committee (Class 1924)—Mrs. Carey Culbertson, Miss Belle Dunham, Mrs. Wm. Frazier, Mrs. E. J. MacIntyre, Mrs. Jas. B. Herrick, Mrs. Robert H. Herbst, Mrs. James Sheddon, Mrs. Robert Frost.

Nominating Committee for the year 1922—Chairman, Mrs. F. S. Smith; Miss Belle Dunham, Mrs. J. M. Watkins, Mrs. Ernest E. Irons, Mrs. Geo. M. Olmsted.

ANNUAL UNIFIED REPORT

MRS. FRANK C. CALDWELL

When I reflect upon the past twenty years of this Board, I can say with the poet, "O, I am so old, me-seems I am next of kin to Time."

Ladies, some of us have been a long time on life's journey. We have reached the top of the mountain, and have already begun the slow descent. But what experiences we have gathered along the way! True, there have been stretches of the road where thistles seemed to abound, and then a long journey through rose paths of happiness! We have passed through the countries of sickness and health; we have struggled; we have rested; we have endured; we have climbed; and some of us have been called upon, even more than once, to pass through the valley of the shadow! Yet few of us would say, "Backward, turn backward O Time in your flight; make me a child again just for tonight."

Along the journey of life we have gathered many things, not the least of these being our friends.

Did you ever stop to think that inanimate things become friends as well as do people? There is an old, old oak tree in my garden, which I frequently pass on account of its location; and for many years I have talked to it! It is a real friend to me! My white phlox, coming up each spring, is another friend. Our books, are they not friends indeed? Well, that is just what the Hospital seems to me—a very old and a very dear friend.

You all agree with me; there is not a dissenting voice! How we all love this friend! I am here to read to you some of the things we have been trying to do, to show our love, and, though the answering voice is silent, it is nevertheless appreciative, and loves us in return.

ASSOCIATE MEMBERSHIP

MISS STILLWELL

The first to report to us is the Chairman of the Associate Membership Committee. Thirty-three churches were asked to contribute and thirty-one responded, one of which was new this year. Eight churches gave over one hundred dollars each, namely, the First, Second and Fourth, Highland Park, Kenwood Evangelical, Lake Forest, Evanston First, and Oak Park First. The total amount contributed was eighteen hundred and sixty-five dollars and fifty cents (\$1,865.50). The Fourth gave the largest contribution, two hundred and seventy-three dollars (\$273.00), and Highland Park came next with two hundred and fifty-one dollars (\$251.00). The small amount of one dollar per capita in aggregate makes a great and large work possible.

CHILD'S FREE BED

MRS. MAIN

Mrs. Main is largely responsible for the great interest the Presbyterian Sunday Schools of Chicago take in this work for the sick children; much of the money comes through pennies, and the Easter offering helps swell the fund. Her report reads as follows: "The Child's Free Bed work has prospered during 1921 beyond our expectations. Generous donations amounting to \$1,999.86 have been received from fifty-seven schools. The amount paid to date on 'Cheer Up Bed' No. 3 is \$3,335.79. Two new schools, Maywood Presbyterian and Samaritan House of Chicago, have contributed for the first time."

SPECIAL COMMITTEE OF CHILDREN'S BENEFIT LEAGUE

MRS. TUCKER

In connection with work for children this report would follow the report of the Child's Free Bed, but as "Tag Day" was fully reported in the October Bulletin we will simply give the net balance of \$2,661.82. This money is used for the support of the pre-natal nurse, the wet nurse, and a contribution to the third "Tag Day" bed which now lacks just \$500 of complete payment. This will show new members and guests that "Tag Day" money is all used for children's work.

CHILDREN'S DEPARTMENT

MRS. SIMPSON

Miss Morley is the head nurse in charge. Miss Stewart gives her afternoons to the kindergarten work.

Children who are a long time confined in the Hospital, need work for their hands as well as mental occupation, and work in metal and baskets and weaving fills that need. It is a great help physically, for without interest, the tired, sick little bodies have difficulty in recovering.

There is a double responsibility for the kindergartner to provide the afternoon's entertainment, and if the child is of foreign parentage there is this opportunity to plant the seeds of future good American citizenship.

"The Service Guild," through Miss Elizabeth Martin, provided again this year, as they have done for several years, the Christmas for the Children's Department.

"The George Cormack Memorial Fund" was started in 1917 by Mrs. H. C. Patterson, in memory of George, little son of Mr. and Mrs. Joseph Cormack of the Woodlawn Church. It is to provide for special needs of handicapped children. Mr. and Mrs. Cormack and other friends added to the fund and the Woodlawn Presbyterian Sunday School contributes annually in memory of its cradle roll member. During this year an incubator was purchased, at a cost of \$179, leaving a balance of \$30 in the fund. In order to widen interest in this memorial and give opportunity for others to contribute, the name has been changed to "A Memorial Fund for Children's Needs."

CONTRIBUTOR'S FUND

MRS. CHILDS

Although Presbyterians have a responsibility in the maintenance of this Hospital, so many friends has it made in other denominations that one of our members, Mrs. Edward Blair, in 1916 developed a method of approach through which these non-Presbyterian friends could have a part in this vast work of mercy. Mrs. Childs has had charge of the fund during the past year and her modest appeal could not help but bring in a ready response. In setting forth our needs, her card read thus: "Five dollars will care for a patient for one day. Will you at the ex-

pense of a few hours of pleasure care for one patient for one day?"

She would like to have added: "Or could you find it in your heart and purse to provide for several days?"

Her modest appeal brought in \$2,526.40.

THE DELICACIES COMMITTEE

MRS. MENTZER, Chairman; MRS. OLMSTED, Vice-Chairman.

"To look up and not down; to look forward and not back; To look out and not in; to lend a hand," and fill jelly glasses!

History repeats itself never more vividly than in the case of Mrs. Mentzer and Mrs. Olmsted, who so lovingly donned the mantle which fell upon their young shoulders from their beloved senior, Mrs. Chas. A. Reed, who for twenty years was the life and heart of this committee. I can see her now, as her name was called, slowly stepping to the front, and quietly giving her report. As you know, "Tag Day" rules prevent solicitors from entering buildings, to secure funds; but no such rules bother Mrs. Mentzer and her vice-chairman who, armed with empty glasses, tagged with gummed labels, "Presbyterian Hospital," descend upon the homes of friends, neighbors and fellow church members, challenging them to set aside a glass of jelly or jam for the Hospital, or they need expect none of their jelly to jell, and there shall be "no jam what am," in their home for the entire season! This grasping attribute is not generally conceded to the sect called Presbyterian, but it brought in a wonderful harvest from their immediate church.

Delicacies contributed to the Presbyterian Hospital, from the Presbyterian churches, for the ward patients during the year 1921, were as follows:

2,152 glasses of jelly.	370½ quarts of grape juice.
263 quarts and 1 pint of fruit, and jams.	6 quarts of marmalade.
100 grape fruit.	15 quarts of pickle.
126 packages of cereal.	23 gallons of ice cream.
1 package of raisins.	1 dozen apples.
2 pounds of sugar.	1 pint of honey.

\$680.17 was contributed for the purchase of fresh fruit.

The Thanksgiving and Christmas donations from the different wholesale houses were:

6 boxes of figs.	400 pounds of turkey.
96 loaves of bread.	4 boxes of raisins.
75 pounds of mixed nuts.	3 boxes of cranberries.
5 boxes of apples.	50 pounds of candy.
22 gallons of ice cream.	55 pounds of bacon.
8 gallons of oysters.	

ENTERTAINMENT COMMITTEE

MRS. CULBERTSON, Chairman; MRS. POLLOCK, Vice-Chairman.

"Life's a pudding, full of plums; care's a canker that benumbs;
Wherefore waste our elocution, on impossible solution?
Life's a pleasant institution; let us take it as it comes."

The Entertainment Committee has called in the help of many, who have always been interested in providing this aid to "Happy Convalescence." They wish to thank all those who have contributed and thus made each Saturday afternoon concert a bright spot in the hospital life of from forty to fifty patients. They challenge any entertainment bureau to match this audience in interesting members, in "foreign relations," and in the response that repays each effort.

Miss Ruth Parker, a University of Chicago student, daughter of Dr. Chas. A. Parker, gave an entertainment with her violin that stood out as a Red Letter Day.

Miss Liddell annually provides an entertainment. This year her niece, Miss Florence Reed, brought her pupils in dancing.

Miss Gladys Welge of the Welge School of Music, Austin, gave one entertainment. Miss Welge herself played the violin.

On the seventh of December, two little girls from Miss Kane's Austin school, specially trained for this day, danced in costume.

Other entertainments were given by the First, Central Presbyterian and Buena Memorial churches of Chicago, by Miss Leach of the First Church of Oak Park, River Forest Church, and the "Daughters of the West End Woman's Club."

CHAPEL MUSIC

MRS. WALL

Chapel music means more to the sick who come to the Chapel Sunday mornings for a word of cheer and help than

church music does to church goers; for often the patient does not care to listen to words of encouragement, but will rest quietly and listen to the music which churches, McCormick Seminary and outside friends provide Sunday after Sunday. The Woman's Board has this year expended \$65 for the services of a regular accompanist.

PLEDGE FUND OR FINANCE COMMITTEE

MRS. WARNER, Chairman; MISS LEACH, Vice-Chairman

The Pledge Committee seeks contributions from our Board members and other Presbyterians. This money is used for our various activities and especially for the Social Service Department, which is entirely supported by the Woman's Auxiliary Board. Each active member is expected, if possible, to contribute annually to this fund. The total for the year just passed is \$4,300.

THE FURNISHING COMMITTEE

MRS. CURTIS, Chairman

This is one of the most interesting committees on the Board and the chairman succeeds in putting herself into her work. "The gift without the giver" can never be laid at her door. Shall we say of her, "It is not necessary to light a candle to the sun"?

This unchanging committee, namely, Mrs. Curtis, Chairman; Mrs. Johnston, Vice-Chairman; Mrs. Nichols and Miss Jenks, has for years pondered the linen market, which is continually changing, and then has proceeded to make its own quotations to wholesale markets, with most gratifying results. The report for the year is as follows:

Balance on hand December 31, 1920.....	\$ 589.89
Turned over to general account.....	589.89
Receipts	3,092.30
Expenditures	309.84
Balance on hand December 31, 1921.....	.46

Articles purchased for general use: 360 napkins, 392 bedspreads, 1,452 sheets, 1,788 pillow slips.

Articles purchased for the pavilion sun parlor: 10 fibre chairs.

10 fibre rockers, 2 fibre tables, 1 fibre couch, 10 chair cushions, 1 couch cushion, 6 fibre rugs.

One gross of teaspoons was secured in exchange for Jas. S. Kirk and Company's soap wrappers. Appreciation is expressed by the committee for generous donations from Jas. S. Kirk and Company and the Chicago branch of the Needlework Guild of America.

In addition to this report, I give here the report of sewing done by the churches for the Hospital.

CHURCH SEWING

MISS JENKS

As a result of discipline in sewing, during the war, we have a large increase, as you will note, in the number of gowns.

Adult Gowns	589
Children's Gowns	96
Infants' Gowns	300
Napkins	84
Towels	264
Tray Cloths	2,661
Stand Covers	144
Diapers	12

Total4,150

THANKSGIVING LINEN

MRS. HACKNEY

Various methods are employed in soliciting Thanksgiving Linen, personal solicitation, and "Teas" given for the purpose of interesting people, and the ingenuity of the chairmen of linen, from the various churches, is taxed to the utmost, at this time of year when Thanksgiving turkey has been consumed, the bill yet to appear, and Christmas so soon to follow. Results are marvelous, however, as the following figures show:

Money received	\$1,493.25
Value of linen received	150.00

Total\$1,643.25

THE BULLETIN
MRS. HERRICK

The October issue of the Bulletin presented our regretful acceptance of Mrs. Jas. B. Herrick's resignation as Chairman of the Committee and Editor of the Bulletin for the past nine years, hence this will be her last report. It will be noted that there have been but three issues, the July and October numbers being combined by order of the Board in order to reduce expense. The total cost for the year 1921 was \$454.50.

Four hundred (400) copies of each issue were distributed as follows:

250 copies to Board members.

100 copies to the Nurses' Alumnæ.

50 copies to Mr. Bacon.

The January number contained the annual reports and a stenographer's report of the talk given by Miss Alice Keep Clark, "A Prisoner Among the Turkish Nationalists."

The April number was devoted to the nursing situation, with articles by Dr. Christopher G. Parnall, Miss Anna C. Jamme. In addition an article by Mr. Herbert E. Hyde on "The Florence Nightingale Chorus" and one by Mr. Albert Cotsworth, "Speaking of Operations."

The July-October issue was "a children's number," with articles by Dr. Grace Meigs Crowder, Miss Gladys Spry and Dr. Caroline Hedger.

THE LIBRARY COMMITTEE
MRS. AIKEN

All members of the Library Committee and the "Distributing Groups" feel that they have the most interesting work done by our Board. The welcome they receive on their weekly rounds speaks for itself.

Distributed during the year, 4,725 books.

Lost during the last six months only 52 books.

Paid Chicago Public Library, in May, loss as per inventory, \$4.58.

One hundred and fifty books have been donated by ladies of the Board.

Our distributing groups are well filled and ladies dutifully at work each Monday.

We are pleased to note that the Chairman has missed but two Mondays during the year.

THE VISITING COMMITTEE

MRS. KIMBALL, Chairman; MISS MALTMAN, Vice-Chairman

"Inasmuch as ye have done it unto one of the least of these, ye have done it unto me."

There are six members on this committee endeavoring to give as much time as possible weekly. Mrs. Burnham is sending flowers for Miss Breeze to use for those needing that outside reminder of the interest of someone in their welfare. The members of the Library Committee are asked to bring in a report of those whom they find in need of visits, and in this way, do a large part of the necessary cheering up that is the legitimate work of the Visiting Committee.

MINISTERS AND MISSIONARIES

MRS. BELFIELD

Mrs. H. H. Belfield is in charge of this room. It is an oasis that we can offer to those who have heretofore, in our stead, given their life service in all corners of the world. It is a privilege to express, in this practical way, our appreciation of such service to the interesting patients who have come under the care of this room. During the year there have been cared for, throughout the Hospital, seventy patients of all denominations.

SCHOOL FOR NURSES

MISS DRAKE

There are at present 215 nurses in the school.

The graduate staff is 39.

Total in school, 254.

Total number of graduates from the school is 541.

During the past year, classes in psychology and sociology, both most necessary for intelligent and sympathetic nursing, have been added to the curriculum.

Twelve student nurses are being allowed from five dollars to fifteen dollars monthly, as a loan, to carry them through their

course, and five preparing for the Missionary field, are receiving the scholarship allowance.

The Alumnæ Association has started a "million dollar endowment fund" and has secured more than the first thousand dollars. The school stands for one of the most important forms of women's education, and it is believed that people will in time understand and assist generously.

Through the efforts of the Nurses \$688.13 and through the Woman's Board \$1,000 have been added to the "Gladys Foster Memorial Fund."

The "Florence Nightingale Chorus" has had a most successful year, appearing twice in public, once at St. James Church and again at Orchestra Hall at the annual Spring Festival of the Civic Music Association, while the Y. W. C. A. and all other school activities have been carried on as usual.

Mr. Ernest A. Hamill, according to his custom, presented the Christmas dinner to the Nurses.

OCCUPATIONAL THERAPY DEPARTMENT OR "THE SHOP"

MRS. HAMILTON McCORMICK, Chairman

MISS BRAINARD, Instructor

It is always a pleasure to hear the monthly report of this department. "The Shop" is a vital thing to its chairman, instructors and patients. "Nothing great has ever been achieved without enthusiasm."

The "Occupation Department" is making rapid, forward strides and the work continues to grow in interest. The increasing co-operation between the Medical Staff and the Department is very gratifying. Miss Brainard and her two aides, Miss Barbara Blatchford and Miss Frances Stuart are all as busy as bees, and their untiring energy deserves every praise. There is a demand for extra space in our now crowded shop. We are enlarging our quarters and a sum of \$208.00 has been collected and donated for this purpose. It has been handed to Mr. Bacon to improve the department and buy necessary equipment. Gramophone records are greatly needed, and another Gramophone, which we could lend to the wards sometime. We beg our friends to visit us and see the happiness and interest in this department, on the eighth floor of the Murdock Bldg.

Mrs. William B. Requa, treasurer of the fund for this department, at the beginning of each month mails a folder describing the work of "The Shop" to all private patients who have left the Hospital the preceding month.

In response to nine hundred and ninety-two pamphlets mailed \$94 was received and through contributions from friends \$90, making a total of \$184. Postage expenses were \$19.84, which leaves a balance of \$164.16 in the fund.

SOCIAL SERVICE

MISS BREEZE

The Social Service Committee does the "follow-up" work that business houses have come to reckon as an important part of their work. Investigation and help are given for the re-establishment of families in the proper home atmosphere which is conducive to health and happiness. Many families have been helped, and in so doing, we have established cordial relations with all the organizations whose help we have sought.

Appended Is a Statistical Report of Eleven Months

Chicago, December 17, 1921.

Statistics of Social Service Work, January 1 to December 1, 1921
New Cases in 1921:

Adult	525	
Children	191	
Maternity	218	
		934

(378 of which were for financial inquiry
only—no social work seemed indicated;
adult 375, children 3.)

Cases Known Before 1921:

Adult (12 financial only)	198	
Children	75	
Maternity	115	
		388

Total cases	1,322
Office Calls	5,402
Home Visits	1,777
Letters Received	774
Letters Written	633

There were 1,456 co-operations with 119 organizations.

11 pupil nurses gave 327 days of service.

259 people were referred to other organizations, chief of which were:

Infant Welfare Stations	57
Central Free Dispensary	63
Visiting Nurse Association	23
Grove House for Convalescents, Evanston.....	11
Convalescent Home for Women and Children.....	14
Rest Cottage, for Convalescent Men and Boys.....	2
Hinsdale Fresh Air Home for Vacations.....	16
Holiday Home, Lake Geneva, Wis., for Vacations..	11
Arden Shore for Vacations.....	5
University of Illinois, College of Dentistry.....	11
Children's Memorial Hospital, Feeding Clinic.....	11

Respectfully submitted,

JESSIE BREEZE.

Now in closing, we salute the dear Hospital Family, beginning with Mr. Day and his Board of Managers; the Superintendent; the Staff; the Nurses; the Matron; all with whom we are privileged to co-operate; and to you, Madam President, who has "the heart to conceive, the understanding to direct and the hand to execute," we promise unfailing allegiance.

CHRISTMAS PARTY AND REPORT OF MR. BACON

Christmas at the Hospital is always a happy time to those who must enjoy its hospitality, for then we realize how many kind friends there are who remember the "shut-ins."

All patients who were in condition to dispense with medical attention for the week were sent home to their family and friends. Just a little over half of the usual number of patients were present over the holidays.

A generous and long time friend of the Hospital sent Mr. Bacon the means to provide a nice Christmas dinner and entertainment for all who could enjoy it. The Chapel on Christmas Eve was crowded with patients who could be taken up in wheel chairs and some who could walk to hear the following program :
Christmas Songs.....Florence Nightingale Chorus Trio
Christmas Talk.....The Chaplain, Rev. Ware
Harmony Singers.....Miss Carpenter and Miss Ingram
Story TellerMr. Cavanaugh
VentriloquistMr. Ulrich

Christmas morning was ushered in to the sound of lovely music as the nurses marched, up and down stairs, and through the halls singing the beautiful Christmas carols.

On each breakfast tray was a pretty Christmas card from P. F. Volland & Co. bringing its greeting.

The children were made happy with a tree and many presents. After an excellent Christmas dinner the afternoon visitors' hour brought friends and flowers, until the wards were a mass of bloom, and pain and suffering seemed to have vanished into the background of forgotten things.

THE PASSING OF THE FAMILY DOCTOR

BY JAMES B. HERRICK, M. D.

The family doctor is gradually disappearing. This prospective loss is viewed by many with great regret. They feel that the family doctor is an essential feature of every community, as much as is the schoolmaster. The village doctor knows the secrets of the home. He has advised not only as to health, but in case of family trouble. The doctor is a friend, indeed, and not merely a dispenser of drugs. He is often a public-spirited citizen, a member of the school board, a director of the bank, mayor of the town.

Such confidence and affection as is often the doctor's lot is rare in the case of any other professional or business man. "They are so much to individuals and to families; I rank a good doctor higher than a clergyman."

What can be done to prevent his loss? Will the family doctor survive in some modified form? If he entirely disappears what will take his place?

The reason why the family doctor is vanishing may be grouped under three heads:

1. The impossibility for one man to know and do the many things required for the proper medical care of a family.

2. The lure of the specialties—(a) greater financial reward; (b) more elevated standing in a community; (c) greater independence, less the employee of the family; (d) greater sense of personal worth and dignity.

3. The tendency on the part of the laity to demand and secure first hand, i. e., over the head of the family doctor, the services of the specialist.

1. The recent graduate leaves even the best medical school knowing only a small fraction of what is known in the medical and closely allied sciences. No matter how studiously he tries to keep up with the new advances he is soon conscious of being left behind.

Fifty years ago this was not so. One man of receptive mind and industrious habit could know and know quite well the essentials that enabled him to practice the art of medicine as it was then practiced by the best. A discriminating intellect, the power of careful, concentrated observation, good judgment, persistence, an ability to read character, and a compelling personality, if

joined to integrity of character and a love for one's fellow men that made him forget self in his service for others—this made the family doctor, who was a guide, philosopher and friend. Today all these qualities may inhere in a man and yet he is not the ideal family doctor; he, perhaps, through no fault of his own, lacks the knowledge that enables him unaided to care for his patients in the very best way.

The modern physician is supposed to know bacteriology. Without this knowledge he cannot understand or diagnose many diseases or their complications. Bacteriology has created a new surgery. The family doctor must perform many of the modern life-saving and health-giving operations or at least know their benefits, dangers and limitations, and be a judge of the competence of the surgeon who is called in. He must, in other words, know good, modern, aseptic surgery. He must be an aseptic obstetrician. He must understand preventive medicine. Then he must be an expert in diet for the undernourished infant, or the overnourished adult. He must know chemistry. He must know instruments of precision. Special skill and long training are necessary before these helpful and often indispensable adjuncts to diagnosis and treatment are mastered, and the general practitioner cannot master them all. He is supposed to keep informed regarding new drugs, new operations, new diagnostic signs. He must be a microscopist, able to tell diseased tissue from healthy, normal fluid from pathologic, harmless germs from harmful. And much more.

If he tries to do all these things he spreads himself out so thin as to be a very ordinary or superficial diagnostician, a poor or dangerous surgeon, an overconfident or hesitating therapist; he is, in a word, a mediocre or inferior man. The better informed, more honest man realizes his limitations. He employs an assistant. But sooner or later he feels he cannot cover the whole field; he is obliged repeatedly to seek help of specialists and—he decides to become one himself. He can more nearly master special surgery or pediatrics, or ophthalmology. Thus, the practitioner, the family doctor, has disappeared.

To my mind this is the important fundamental reason why the old style family doctor is going—the physical and mental impossibility of grasping the enormous mass of present-day medical knowledge that is necessary. He must be either a specialist, or a general practitioner with several assistants or associates

who are in reality specialists—i. e., a little group of which the doctor is the head—or a weak, poorly informed family doctor who is far from being a dependable guide in case of serious or complicated illness.

2. The Lure of the Specialty.—In the case of the majority the financial return to the general practitioner is not commensurate with the time and expense involved in his preparation for practice. There are seven compulsory years after leaving high school before our licensed doctor is permitted to enter the ranks and compete for a livelihood. And what of his pay? Almost that of the taxicab driver, so much for the first mile and so much for each subsequent mile—scientific knowledge, skill, professional opinion, years of close application to studies, all paid for on a chauffeur's basis. He is forced by tradition and by urge of hunger, need of clothing and shelter to respond to calls that come with the tone of orders to employees. He is the slave to unreasoning apprehension, caprice and selfish whim on the part of his patrons. He loses his self-respect and feeling of independence. For years he goes when called day or night and is paid by time and distance, and not by quality or quantity of service or by responsibility assumed. He is not practicing as a professional man, rather as a tradesman.

The specialist gets a larger fee for less arduous work, is looked up to as an authority, is more independent, has a higher standing in the community; and so the practitioner gradually or suddenly becomes a specialist. Often the practitioner who becomes a specialist joins with other specialists to form a group—a surgeon, an internal medicine man, an eye, ear, nose and throat man, an X-ray specialist and a laboratory expert, often others. Certain advantages result to the patient of moderate means. It is not my intent to discuss the advantages and dangers of this group practice, merely to speak of its influence in depleting the ranks of the family doctor and of putting him in the light of an inferior individual who must often appeal to the group for help. Commercialism often lurks in these groups; self-styled specialists are not always such in reality, the diagnosis is too often a narrow one or an assembled diagnosis with facts heterogeneously jumbled together. What will ultimately be evolved from it one cannot predict. It very directly affects the family doctor.

3. A change has come over the people in respect to the family doctor. Ignorant as people still are concerning disease and medicine, they know more than they did even twenty years ago. They are more prone than ever to make their own diagnoses and to decide for themselves on what is best to be done. They often, therefore, go over the head of the family doctor, directly to the specialist. The telegraph, telephone, steam railway, electric transportation, good roads, the automobile, comfortable ambulances, make it a simple matter to take the patient to the specialist, even though many miles away, or to get him to come to the home if the patient is too ill to be moved. The result is the family doctor is looked upon as merely a convenience for slight ailments. I have been in families where there were in attendance at one and the same time three or four different physicians, as there were three or four of the household ill of different diseases. This practice is not entirely to be condemned if the selection of specialists is rightly made. But the net result as to the family doctor is to push him still further into the background, to tend toward his gradual disappearance.

For the reasons given the family doctor of the old type will soon be a memory only. What will ultimately evolve is mere speculation. Social and economic influences, forces difficult to control, will largely determine the result. There will be developed in many communities a family doctor of a new type. He is well informed on things medical, is of a personality that deserves and commands the respect and confidence of his patrons, he is a good judge of human nature and has the ability to secure obedience; he is sincere, self-sacrificing, direct of speech, frank of opinion; he expects sincerity, loyalty, consideration for his personal convenience and his feelings in return; and he asks for a living wage based on service, skill and the responsibility assumed. He reserves the right to reduce his regular charge or to render service gratis whenever he thinks the payment of his usual fee is a hardship. He claims no monopoly of knowledge. He associates with him a competent man, probably younger and more recently trained, whose duty it is to help him in the study of his patient's illness by laboratory and instrumental methods. He recognizes and frankly acknowledges his shortcomings in special types of disease, he claims the privilege of asking assistance of specialists whenever he deems such help advisable and he assumes that he is a better judge of the quali-

fications of the specialist than the ordinary layman—he desires in general to have the decision as to who is asked to help him. He is not offended at the request of the patient that special counsel be called in, but feels hurt if in any other than an open way such special opinion is obtained. His main object is to meet the demand—the just demand—of the patient that he, the family doctor, furnish the very best of medical service that is obtainable, not antiquated, not faddish, not experimental. There are such men in Chicago and other cities today.

The one thing that should be kept in mind is that no solution of the problem of the family doctor will be a permanent solution unless it makes the interest of the patient paramount. No solution will be just unless the position of family doctor is recognized as one of dignity and of responsibility rather than of servile inferiority.

CENTRAL COUNCIL FOR NURSING EDUCATION

With a view to counteracting as far as possible the evil influence of the wrong class of training school for nurses, a “central council” was formed two years ago, to spread publicity for good Hospitals and Training Schools.

Our School is one of the thirteen Training Schools in the city and state belonging to this organization, which has done a definite work in advertising high class schools of nursing, conveying to the intelligent young women of high school education the fact that they can get a specialized college course in the nursing school which will fit them for a profession. It is a work whose results may not be noticeable at the moment, but it will remove in the minds of parents many objections that are raised in families which prevent young women from going into nursing. A survey of hospitals in the council is being made to call the attention of their own members to conditions of work which might be bettered; also to interchange ideas helpful to the care of the sick.

The Annual Meeting of the Central Council of Nursing was held on Monday afternoon, January 30th, at two-thirty, at the Woman’s Athletic Club. Mrs. Perkins Bass, vice-chairman, presided in the absence of the chairman, Miss Martha Wilson. The following program was given:

Secretary’s Report.....Mrs. George Dixon

Treasurer's Report.....	Mr. Chauncey Borland
Executive Secretary's Report.....	Miss Carol L. Martin
Address..	Richard Olding Beard, M. D., University of Minnesota
Report of Revision Committee.....	Mr. A. J. Pflaum
Report of Nominating Committee.....	Mrs. Philip S. Post

ELECTION OF OFFICERS

The Secretary reported ten regular meetings, one special meeting of the Executive Committee, and two general meetings, all of which were well attended.

The Treasurer reported gross receipts of \$8,685.30, with expenditures of \$8,030.62.

The Revision Committee read an amendment to the By-laws which will create a new type of membership, known as contributing members. Heretofore only institutions with Schools of Nursing have been eligible for membership, and as there are many individual people who are interested in the work of the Central Council, this will give them an opportunity to become members upon the payment of \$100.

The Executive Secretary, Miss Carol L. Martin, a graduate of the first class of our School, read an interesting report of the detailed work done during the year. One hundred and fifty-seven addresses, reaching nineteen thousand people, were given before different organizations and groups of high school pupils. Requests for information as to the work being done have been received from all parts of the country. Three other councils, patterned on this, have been organized, one in New York, another in Philadelphia and the third in St. Louis.

Dr. Beard read a comprehensive address dealing with the nursing situation, and stated that the University of Minnesota was the first in the world to establish a School of Nursing.

In order to meet the needs of the patient of moderate means he suggested an enlargement of the Visiting Nurse Association, or perhaps hourly nursing in private homes through the establishment of nursing clinics, made up of graduate nurses, underwritten by some organization.

The meeting adjourned after a hearty vote of thanks to Dr. Beard.

M. M. B.

SCHOOL AND ALUMNÆ NOTES

At the January Alumnæ Meeting the question of an Easter Bazaar for the benefit of the Endowment Fund was presented and seemed to meet with favor. As the success of such an undertaking would depend entirely upon the efforts of the graduates of the school, all interested please communicate with Miss Jessie Eyman, Chairman of the Endowment Committee, stating what assistance she may expect. Miss Eyman reports \$1,149.00 paid to the Treasurer of the Hospital since September 1st.

Mr. Norton, the conductor of the Florence Nightingale Chorus, has suggested that an independent concert be given by the Chorus. If this suggestion is realized, the proceeds will probably be used for the school Endowment Fund. Please watch for a concert notice.

The new officers of the Alumnæ Association for the year 1922 elected at the January Annual Meeting are as follows:

President—Miss Bessie Everett.

First Vice-President—Miss Millie Brown.

Second Vice-President—Mrs. Harry M. Richter.

Recording Secretary—Miss Mabel Render.

Corresponding Secretary—Miss Flo Bronson.

Treasurer—Miss Mary Morley.

Directors—Mrs. Alice Bowen, Mrs. George Solem, Miss Bessie Ruwitch, Miss Edith Bronson, Miss Edna Ruschli.

One hundred and thirty-three nurses accepted Miss McMillan's invitation to the second Homecoming of the graduates of the School, November 11th. In spite of the inclement weather, quite a number of their children were present and had a happy time in the sun parlor on the roof, where they were entertained. Thirty-five graduates were guests for supper. In the evening there was music and dancing and cards. There were many wishes expressed for happy returns of the day.

The annual tea and sale for the benefit of the "Gladys Foster Memorial Fund" was held December 5th in the Hospital, with the gratifying result that \$525.00 was raised by the sale of fancy articles, candy, marmalades, doughnuts, etc., all contributed by nurses and friends of the school.

Christmas Carols were sung as usual in the corridors of the Hospital by a group of nurses Christmas morning.

The Christmas party given by the school to the children of the neighborhood and the Social Service Department of the Hos-

pital, the evening of December 23d, was attended by sixty-eight children and twelve parents. Games were played; there was a Christmas tree and Santa Claus. Each child was given a stocking to take home filled with nuts and candy and an orange. Ice cream, cake and cocoa were served.

The school was highly entertained the evening of December 26th by the Preliminary Class. An original play written by Miss Steele, a member of the class, called "The Preliminary's Dream," was given and was very clever. Dancing followed the play.

The regular meeting of the Alumnae Association was held December 13th in the sun parlor of the Home. Miss Helen I. Denne in the chair in the absence of the President, Mrs. Cantwell. A very adequate report of the meeting of the Illinois State Association of Graduate Nurses at Quincy by Miss Morley, our delegate, was read and accepted.

By vote of the Association the Alumnae accepted the invitation to be hostess at the Tea Dance at the Chicago Nurses' Club to be given the first Tuesday in February.

It was voted that the Association contribute \$25.00 to the Jane Delano Memorial Fund and \$50.00 to the relief fund of the American Nurses' Association. Forty dollars was also contributed to the School Library for the purchase of professional magazines. After the business meeting a program of reading and music was given and refreshments were served.

Those who have not joined or who have dropped Alumnae Membership are asked to help us make this the banner year and join or rejoin our Association. You are wanted. You are needed. Why not do it now?

Miss Mary Edna Burgess, class of 1914, who has been at home on a furlough during the past year, sailed from New York, November 19th, by way of the Mediterranean and Persian Gulf for Kermanshah, Persia, American Mission Hospital.

Miss Martha Mills, class of 1921, left in October for hospital work under the Baptist Board of Missions in the Philippines.

Miss Alma E. Forrester, class of 1910, is at Fort Henry, Baltimore, U. S. Public Health School.

Miss Ruth Brown, class of 1910, head nurse on C floor in the Private Pavilion; Miss Mary L. Sanders, class of 1920, and Miss Florence Wenz, class of 1920, as well as Miss Lottie Wadsworth,

class of 1914, are making plans for work at Columbia University, beginning in February.

Married: Esther King to Dr. Gardner Black, October 4th, at Honolulu, Hawaii. Dr. and Mrs. Black are living at 150 South Orange Avenue, Pasadena, California.

Married: Cora Lee Ayer to Dr. Roger Clifton Cantwell, November 24th.

Married: Helen Marien Starr to Mr. Allen Danforth Pettee, November 13th, at Fairfield, Iowa.

Married: Nina Hatfield to Dr. Carl Eberley, December 25th. Dr. and Mrs. Eberley will live in Fort Wayne, Indiana.

Married: Dorothy Board to Dr. John Lucian Calene, December 28th, at Evanston, Illinois. Dr. and Mrs. Calene will live in Rochester, Minnesota.

Married: Olive Margaret Minick to Mr. Edwin William Nelson, January 2d. Mr. and Mrs. Nelson are living in Chicago.

Married: Mabel Adelaide Dersham to Mr. Albert Benson Montgomery, January 16th, Cleveland, Ohio. Mr. and Mrs. Montgomery will live at 31 Burtis Street, Craddock, Virginia.

The Presbyterian Hospital Bulletin

CHICAGO, ILL.

JUNE, 1922

NUMBER 49

Published Quarterly by the Woman's Auxiliary Board. Committee:

Mrs. E. E. Irons, Chairman; Mrs. James B. Herrick, Mrs.

D. W. Graham, Mrs. W. B. Martin, Mrs. H. H.

Belfield, Mrs. Frederick T. Haskell.

Subscriptions, 50 Cents a Year, may be sent to Asa Bacon,
Superintendent, The Presbyterian Hospital of Chicago, or to
Mrs. Wm. Coffeen, Hinsdale, Ill.

EDITORIAL

An outstanding attribute of all animal life from the ameba to civilized man is the possession of a certain amount of excess motor energy over and above that needed for the essential vegetative functions. Though but aimless groping at first, the incessant use of this energy down through the ages led to the differentiation of bodily parts for locomotion, for grasping and holding objects, and of other parts for the more and more complicated functions of internal economy, and to the development of a nervous system to correlate all these activities and render further perfection possible. Triumph after triumph was scored, among the landmarks being the acquisition of limbs; of special senses; of the power of making sounds culminating in language; finally the higher mental faculties.

Mental and physical activity being normal and dominant in man, inactivity and "rest" are, from a biologic standpoint, undesirable and are instinctively reduced to a minimum. Hence the futility of the once vaunted "rest cures" for so-called nervous exhaustion which usually is the result, not of over activity as such, but of misguided activity and leads to disgust, helplessness and sometimes hopeless despair; in other words, to mental

invalidism. What the nervously exhausted patient needs is not "rest" but aid in guiding his potential energy toward something which is within his power to achieve so he will travel along straight lines instead of in vicious circles. In this manner self-respect is maintained and visions of new possibilities of achievement give him a renewed and refreshing sense of possessing once more that essential human attribute, freedom of action. Nervous invalidism is self-made, and also, sometimes a by-product of misguided therapeutics. Similarly, the invalidism of physical disease and injury is relative, largely subjective, and the result of insufficient mental elasticity and adaptability. Even to a person deprived of activities which for eons have been in the possession of his ancestry, such as walking, speech or vision, there are many outlets remaining. Hence, the possibilities of reconstructive therapy are limitless. But it must be adapted to the individual and not confined merely to efforts at manufacture of objects pictured in catalogues of toy departments and arts—and crafts shops. Knowledge of human nature and capacity for the study of individual psychology are more essential qualities in the "occupational" therapist than technical knowledge pertaining to basket making and carpenter work.

Peter Bassoe, M. D.

OCCUPATIONAL THERAPY FROM THE PHYSICIAN'S STANDPOINT

G. Canby Robinson, M. D., Baltimore, Md.

Vice President, American Occupational Therapy Association

In considering occupational therapy from the standpoint of the physician, the first question to be answered is this: Is occupational therapy to be considered a part of the practice of medicine? The answer to this question by medical men will differ according to the point of view of the individual. Therapeutics may be considered as the treatment of diseases, or it may be considered as the treatment of the individual. The modern idea lays emphasis on the importance of the individual, and it is naturally this point of view which embraces occupational therapy as a means of treatment. Occupational therapy concerns itself with the individual rather than with the disease, and should be accepted by all who believe the words of Mar-

chand, who said, "Seek truth, Discover causes, Learn how they disturb life and how order is re-established. By Science, gentleness and firmness combat death and reduce suffering. Guide, encourage, and console in a brotherly and tolerant Spirit. This is medicine."

Occupational therapy surely has its place in such a scheme as this. It is coming into its rightful place and is going to have the enthusiastic support of the type of medical men who are interested in the individual who happens to be suffering from disease or injury.

The next question to be answered is what evidence can be brought forward regarding the therapeutic value of occupational therapy. In this connection I wish to discuss its use in the treatment of heart disease, because I have endeavored to reach a definite answer to this question in this disease and have arrived at some conclusions.

The value of occupational therapy in heart disease may be judged by inquiring into the question of how it fits into the accepted principles for the treatment of heart disease. The problem of treatment of this group of patients is in a sense a simple one. The patient with heart disease suffers from heart failure or circulatory failure; no matter whether it is the heart muscle, the heart valves, or both, that are the seat of the disease. The heart is incompetent to meet the ordinary needs of the body. The needs of the body must therefore be reduced by rest, and the efficiency of the heart must be improved by treatment. Rest of body and mind are essential to reduce the requirements put upon the heart to a point where they can be met by the damaged organ. In obtaining this rest and keeping the patient at rest over long periods occupational therapy may play a role of distinct value. Contented, happy patients, free from worry and fretful desires, progress faster and farther than those who are mentally in a turmoil, although they may be physically at rest. The influence of well directed occupations on the emotions is undoubtedly good for heart cases, and it fits in perfectly with the accepted idea of treatment. Patients whose usual treatment has been supplemented by occupational therapy get along better than patients who have not had it.

The third question to be asked is what are the objects of occupational therapy? Occupational therapy should attempt to attain several definite objects in the general hospital, objects which have to do not only with the individual patient, but also

with the hospital as a whole. In the first place it should be directed at the special therapeutic problem as seen by the physician and surgeon. It should be the means of exercising damaged joints and weakened muscles, and should also furnish gentle and progressive exercise for the body as a whole. This often can be done without the realization of the patient, but it is a matter that should be constantly under consideration. Fatigue beyond a beneficial degree must be avoided. The physical effects of occupational therapy must hold first place and must be strictly dealt with as an individual problem in each case.

In the second place occupational therapy should aim to improve the mental condition of the patient. The worker should attempt to make each patient a happier patient, a more hopeful patient, a more cheerful patient and a more ambitious patient. It needs no arguments or examples to show that an occupation in which a person is interested accomplishes these things. But the degree of success will depend on interesting the patient and the influence which the personality of the worker exerts. Medical men are ready to admit that recovery from disease is hastened by the improved state of mind and spirit, and so an indirect therapeutic gain may be counted as a definite object of occupational therapy. A change of mental attitude or an elevation of spirits may at times be all that is necessary to convert a chronic invalid to a state of perfect health when there is only a functional nervous ailment or neurosis to blame, but no matter what the underlying cause, the patient is benefited by a stimulation of spirit, and his lot is made easier thereby.

Another object of occupational therapy in the general hospital should be the improvement of ward or hospital morale. Workers should enter the hospital with the avowed intention of making it a brighter, more cheerful and more comfortable place for the patients. They should consider it as one of their duties to make the patients feel a sense of gratitude for what the hospital and its staff are doing for them and should awaken a loyalty and sense of pride in the hospital that is caring for them. The effect that occupational therapy has had on the attitude of patients toward the hospital has more than once been a means of awakening the interest and support of hospital superintendents and is capable of effecting much that is positive in the usefulness of the hospital.

Occupational therapy deserves to have an established place in every well-organized general hospital, and when the medical

profession has learned to appreciate the value of properly directed work and has had an opportunity of seeing what can be accomplished for the individual and for the institution, it will insist that occupational therapy shall have its proper place in hospital organization.

OCCUPATIONAL THERAPY IN RELATION TO MENTAL AND NERVOUS DISEASES

Eleanor Clarke Slagle

No longer is it necessary to prove that occupational therapy is a fanciful theory of a few social minded medical men.

The psychiatric theorist of a few years ago had a vision and a desire to establish treatment-training that was non-medical. That there was encouragement to make the vision a reality was not recorded in the way of financial support such as is necessary to launch any new department of treatment in a hospital. The installation of any new department in a hospital involves not only money but a flexibility of program and purpose which was not considered necessary, certainly not in the care of mental patients thirty or forty years ago.

Within the last thirty years there has been a growing tendency to install occupational therapy, the primary steps of which had been considered a fad and fancy of a few physicians. That this work can no longer be classified in this way is proven scientifically. First, by careful and abundant observation and experiment until it is possible to arrange, with assurance, graded steps with a given class of patients that will bring about certain results. For instance in that great group of dementia praecox patients which represents so large a proportion of the population in our hospitals for mental cases today, we have proved positively the results of placing deteriorated patients in habit-training classes knowing, at least in part, the results that may be secured; social habits that make for decency, either in or out of the hospital community, can be re-established.

In habit training "directed activity" is a fundamental and basic principle and the reclaiming of patients in such departments is one of the bright and hopeful aspects of work with mental patients. I may say it is the highest example of a rare combination of helpful understanding co-operation between all who are concerned with the life of the patient and is a matter

of scientific knowledge of the needs of mental patients. To arouse confidence and interest, to help re-establish courage, to crowd out the old mental order of things is by no means an easy task. That it can be done is proven over and over again by the little stream of restored mental patients flowing out into the community, with an adjusted outlook on life and community interests, whose first step toward restoration and some degree of normal living was taken in a habit-training class in a state institution.

The wholesome activity in many hospitals giving us the cheerful, hopeful patient, participating in the occupational therapy program, on the prescription and advice of a medical officer, helping to eliminate, from the very beginning, the destructive, vicious and oftentimes violent patients, is one of the hopeful signs and exemplifies the rare combination of medical direction and co-operative helpful understanding with all who are concerned with the life of the patient.

It is generally conceded that the primary rule in occupational therapy for all types of cases is that it should be employed as early as possible in the patient's illness. The obvious reason for this rule is to forestall a deteriorating habit of not being occupied which sets in with all too many patients because of illness or disability. Under the wise direction of the physician, who is the natural leader, all treatment represents a desire to co-ordinate every effort to the end that the patient may be returned more promptly to community life. A well balanced program will embrace, in so far as possible, every plan that will utilize any remaining ability.

Perhaps it was the war or it may have been the awakening of a new social consciousness, but at any rate there is no longer a place in our social vocabulary for the word incurable. The science of medicine in all of its various ramifications and its allied branches of human service is rapidly crowding out the idle, discouraged, down-and-out invalid and is helping to teach these persons that they can learn something in the line of useful occupation and that there is a moral obligation in grasping every opportunity of instruction not only that they may help overcome certain functional diseases but also that they may make some contribution toward the family social welfare. Physical fitness depends to a large degree upon mental fitness and the human machine keeps pace and time only as the mental

machinery is kept in true balance. The former arbitrary distinction between mental and physical no longer exists.

Programs for both mental and nervous patients must incorporate work, play, entertainment as essentials. Finished articles or articles of sale value are not the determiners in occupational therapy and not the basis for judgment as to whether the department and its work is a success or not. Both in work and play there must be an outlet for physical energy, the energy that formerly expressed itself in destructive ways; therefore, a balanced program means much in the way of play and exercise. These factors contribute toward bringing about spontaneous work effort.

The careful occupational therapist is able to report to the physician every emotion, fatigue or other reaction to the program determined upon by the physician. We must bear in mind always that the mental mechanism is most sensitive, most delicate and most deserving of the tender, sympathetic and gentle firmness that with quiet persistence helps to re-establish a degree of normality. We must enter the world of the patient with the understanding that the premises are sacred. Living on the outside of an imaginary world and looking in is one thing, but attempting to live on the inside with the patient may help us to interpret more quickly the adjustment of social behavior that ultimately means a return to normal life and activity.

Work with mental patients naturally falls into distinct classes. The first work being with the recoverable group where every effort is concentrated upon a program that will prevent deterioration and that will more quickly replace, by substitution, false ideas and beliefs by contact or interest in normal activities. The second class, naturally, is that group where recovery may not be expected and for whom active plans must be laid to utilize energy and productive ability in the hospital group of which he in all likelihood will become a permanent member. The conservation of such mental capacity as may be possible is important in this group because we still may back our work effort with the hope that some cases are susceptible of great improvement.

The treatment by occupational therapy of patients suffering from nervous diseases or nervous states requires the highest degree of individual attention and interest. The same degree of persistence and purposeful organization of time and energy must be provided that we employ with mental patients. Ingenious

resourcefulness is taxed frequently in exacting sustained effort. Interest finally brings to the patient as well as the occupational therapist the reward for faithful effort.

It is difficult to invade the world of either a mental or nervous patient and secure the co-operation necessary to produce results. Untiring patience, willingness to wait for the first faint glow and to know when the spark of attention is ready to burst with a real flame of interest in constructive work is the duty of the occupational therapist. The ways and means of fanning the flame are manifold and, if the training of the occupational therapist has been adequate, she will know how best to help the physician in his work of restoration.

The unusual demands of either the nervous or mental patient must be met with a true and sympathetic understanding. To have made even a small contribution in the adjustment of the life of a patient to that degree of activity to which each individual is capable and, wherein, each may derive that satisfaction which makes for health and happiness. Occupational therapy may make this contribution.

THE RELATION OF OCCUPATIONAL THERAPY TO VOCATIONAL REHABILITATION

T. B. Kidner

Institutional Secretary, National Tuberculosis Association

Sir James Mackenzie, the famous specialist in diseases of the heart, told a story at the 1918 meeting of the American Medical Association in Chicago which comes to mind when thinking of the aim of all forms of treatment, viz., the restoration of the patient to a working capacity. Sir James said that soon after his graduation he was practicing in Edinburgh and was called to see a man who proved to have typhoid fever. This fact was duly announced to the guid wife, who replied, "Aye, doctor, I ken weel he's a sick mon, but—when's he gaun to be able to wark again?"

All down the years the physician has had before him the thought of restoring his patient to health and usefulness in the world as speedily as possible, but in recent years another question than "When?" is being asked more and more. "How?" it is being asked, "may the patient who is permanently crippled,

or otherwise handicapped by accident or disease, overcome his disability; so that he may once more become a useful and, therefore, a happy and contented member of the community?"

From the earliest beginnings, occupational therapy workers have kept in mind, for certain cases, not only the immediate therapeutic value of the work in restoring impaired functions of the body or the mind, but also its possible value, from a vocational point of view, after the patient leaves the hospital. Training in some occupation, given primarily as treatment during the patient's stay in the institution, has often proved to have industrial value after the patient is discharged.

It remained, however, for the work in the World War hospitals to emphasize fully the value, from a purely therapeutic standpoint, of relating the occupational therapy to the post-hospital life of the patient to the fullest extent possible. For the first time in history the leading nations realized that pensions and medals were not sufficient in themselves to discharge a nation's debt to its citizens "broke in the wars," but that every possible effort should be made to assist a disabled man to overcome the handicap of his disability, so that he might once more take his place in the workaday world. Hence, "Vocational Rehabilitation" became the watchword and aim of those entrusted with reconstruction problems. Side by side with a man's physical rehabilitation, opportunities were provided, and measures taken, to restore or add to his vocational equipment by training or education.

At once, an added importance was given to occupational therapy; not only for its effect in re-establishing the morale and spirit of the disabled after severe suffering, and in preventing that moral deterioration which almost inevitably ensues from a prolonged period of idleness, but also because of its possible bearing on subsequent training for vocations; to be provided at public expense for the more seriously disabled.

The immediate effect was a broadening of ideas of occupational therapy and an enrichment of the work by the addition of occupations that, usually because of the limitations of expense in the average hospital, it had seldom before been possible to provide.

More important still, the plan adopted of making a survey by a vocational advisor, and a physician acquainted with industries, of every seriously disabled man who might possibly later on need re-education for some new occupation because of his

war disablement, gave the physician in charge of the case a definite basis for a prescription of the type of occupational therapy best suited to the case. That is to say, if several varieties of occupation, available in the hospital shops or classes, would have equal value for therapeutic purposes, but one was more valuable than the others from the point of view of the man's subsequent training for a definite occupation, that one would be prescribed.

The experience of other countries with their war-disabled had shown it to be important that the re-education of a disabled man should begin at the earliest possible moment after his disablement; hence, the importance from that point of view, also, of relating the occupational therapy (which can often begin when the patient is bedridden) to subsequent vocational or industrial training.

It may be said, in passing, that in spite of the inherent difficulties of the task, and notwithstanding the large amount of adverse criticism which has appeared in some newspapers, good work is being done in the vocational rehabilitation of members of the U. S. Forces disabled in the World War.

But the object of this paper is not to deal with the rehabilitation of disabled ex-Service men, but, rather, to endeavor to show how some of the lessons from that work may be applied in the restoration to usefulness of persons disabled in industry and in other ways, quite apart from war service.

In June, 1920, the Congress passed an Act, known as the "Industrial Rehabilitation Act"; the object of which is "the promotion of vocational rehabilitation for persons disabled in industry, or otherwise, and their return to civil employment."

The importance of this measure may be appreciated when it is realized that it has been estimated that the number of persons disabled annually in the United States by industrial and other accidents is equal to the number of those who would be disabled from an army of 1,500,000 men in active service in the field. If to that number be added the number of those disabled by industrial illness, it is said that the total would be equal to the number of disabled from an army of 2,000,000 men in active service.

The scope of the Industrial Rehabilitation Act can well be described by the following quotation from a bulletin issued by the Federal Board for Vocational Education:

"Under this act the Federal Government does not propose

to undertake the organization and immediate direction of vocational rehabilitation in the States, but does agree to make substantial financial contributions to its support. It undertakes to pay over to the States annually certain sums of money, and to co-operate in fostering vocational rehabilitation. The grants of Federal moneys are conditional and the acceptance of these grants imposes upon the States specific obligations to expend the money paid over to them in accordance with the provisions of the act.

“This co-operation of the States with the Federal Government is based upon four fundamental ideas: First, that vocational rehabilitation for persons disabled in industry, or otherwise, being essential to the national welfare, it is a function of the National Government to encourage the States to undertake this new and needed form of service; second, that Federal funds are necessary in order to equalize the burden of carrying on the work among the States; third, that since the Federal Government is vitally interested in the success of industrial rehabilitation it should participate in this work; and, fourth, that by creating such a relationship between the National and State Governments proper standards of efficiency in vocational rehabilitation can best be set up.”

This offer of co-operation and assistance brought an immediate response from some States which had already realized the need for some scheme of rehabilitating the victims of accidents and disease in industry. Other States followed, and, in all, some thirty-three States to date have joined with the Federal Government in this important scheme, and are actually at work.

What will be the effect of this on occupational therapy as carried on in the civilian hospitals of the country, and in other ways, such as work amongst out-patients and “home-bound” persons?

Probably those responsible in each State for the direction of the work will concentrate their chief efforts at first on the large number of disabled persons who are at present subsisting largely on charity; or trying to eke out an existence in some way for which they have had no training or preparation.

Already, however, occupational therapists in different parts of the country are being called upon to help, and it would seem to be inevitable that their work will have to be related more and more to industry and gainful occupations, as experience accumulates to guide and direct it. The process of rehabilitation of a

disabled person can not be divided into compartments, but must be one and indivisible. The tremendous growth and success of industrial surgery and medicine in this country in recent years has meant that the doctor has had to study industries widely and intensively. In a similar way occupational therapists must broaden the scope of their knowledge by every means possible.

For an immediate program, would it not be well for occupational therapists (and, indeed, all hospital workers) to get into touch with the officer in charge of the vocational rehabilitation of persons disabled in industry in the city and State in which they are situated? There is no "royal road" to the goal; neither have any universal methods yet been devised; although certain principles have been formulated.

It seems certain, however, that occupational therapy will form an important part of any scheme for the vocational rehabilitation of the disabled, and will thus become an even more valuable method of treatment than it has already proved itself to be.

IN THE SERVICE OF HANDICAPPED LABOR

Herbert J. Hall, M. D.

President, American Occupational Therapy Association

The Medical Workshop at Marblehead, Mass., was established a little over two years ago for the purpose of supplying partly finished wooden toys to convalescent workers in hospitals and sanatoriums. The originators of this idea were greatly interested in the possibilities of occupational therapy, and it seemed reasonable to suppose that an institution that could command the services of expert designers and workmen might do much toward keeping up the quality of the hospital output in this particular line. The enfeebled convalescent might not be able to do the heavier sawing and shaping, which would be required in wooden toy making, but he could, under skilled direction, accomplish expeditiously and well the lighter tasks of smoothing, assembling, painting and varnishing. The quickly finished toy, if it were well done, would command ready sale, so that the patient would enjoy a small money return, a factor sure to increase the therapeutic value of the work. Progress so far has been most encouraging—more than ninety different institu-

tions all over the country are using these "Rough Hewn" toys with success.

Lately it has become evident that the field of service will be even more extensive than that offered by the hospitals alone. The business of toy finishing is proving practical for chronic invalids and cripples in their homes. Manifestly there will not be for many years enough fully trained occupational aides to supply the needs of this very large field, so the Medical Workshop, while it is freely open to the trained aides who may wish to undertake advanced work in toy making, is offering instruction in this particular branch to anyone, teacher, nurse, social service worker, or other qualified person who cares to undertake the industrial direction of invalids who are not sick enough for hospital care.

The enormous field of handicapped labor is almost wholly undeveloped, but thanks to the occupational therapy movement the possibilities in this direction are being revealed. There are now attractive sales rooms in many cities where the products of handicapped labor may find a legitimate market. Undirected, the cripple who has the courage to do some kind of productive work is surely a hopeless case, but with such institutions as the Medical Workshop and the O. T. sales rooms backing him, the outlook is of a different color.

SCHOOLS OF OCCUPATIONAL THERAPY

Boston School of O. T., Miss Ruth Wigglesworth, Director, 7 Harcourt Street, Boston, Massachusetts.

Detroit School of O. T., Miss Camilla B. Ball, Director, 1363 East Jefferson Avenue, Detroit, Michigan.

Philadelphia School of O. T., Miss Florence Fulton, Director, 2200 De Lancey Place, Philadelphia, Pennsylvania.

Milwaukee-Downer College, School of O. T., Milwaukee, Wisconsin.

St. Louis School of O. T., Miss Idelle Kidder, Director, 3150 Washington Avenue, St. Louis, Missouri.

Teachers College, Columbia University, School of O. T., Miss Susan C. Johnson, Director, New York City.

OCCUPATIONAL THERAPY IN A GENERAL HOSPITAL

By M. Helena McMillan

Superintendent of Nurses, Presbyterian Hospital, Chicago

Read before the Wisconsin Society of Occupational Therapy, Jan. 20, 1922.

The Occupational Therapy work now carried on in the Presbyterian Hospital of Chicago, and just starting its sixth year, has at last reached its period of development, having triumphed over the uncertainties of installation and, what was even more difficult, that period between the departure of the organizer and the arrival of a director, when simply holding on with faith and courage was the utmost that could be accomplished.

The introduction into the hospital of occupational work is a fitting demonstration of the value to an institution of a Woman's Board and is a single instance of many contributions made by one Woman's Board. A member, Miss Helen V. Drake, having had her interest aroused by an exhibit given in a Chicago hospital as the result of some teaching months spent there by Miss Susan B. Tracy, decided that the same opportunity for instruction should be provided the nurses of her own hospital and in memory of her mother, Mrs. John B. Drake, a charter member of the Woman's Board, most generously volunteered to pay the entire expense of bringing Miss Tracy to the hospital for a three months' period.

In January, 1917, Miss Tracy arrived, and the work which she started and which Miss Brainerd has so successfully developed, is a result of this interest on the part of Miss Drake, to whom undoubtedly the institution is indebted for the inception of this valuable work. The Woman's Board which as a whole was tremendously interested from the start, loyally seconded Miss Drake, and when at the end of the prescribed three months period an earnest plea was made to retain Miss Tracy long enough to make a possibility of permanency for the work, this Board consented to finance the department, for as long as Miss Tracy could be persuaded to stay, which proved to be for only two short months.

It is unnecessary to elaborate upon Miss Tracy's qualifications for such an undertaking, her ability, experience and enthusiasm being too well known to necessitate any mention. Only a worker, herself incessantly urged by an inward force, continuously enamoured of her work and with a strong missionary



A Cozy Corner of the Shop

spirit, could, in five too-brief months, have impressed in a way never to be forgotten, a large, indifferent and un-informed institution and have driven into its soul occupational therapy. Undoubtedly the war assisted in awakening people to its existence and probably helped to attract attention to the new venture in the hospital of some who at another time might have remained unaware. This became more particularly the case when, under Miss Brainerd's administration, students from the Favill and other war time schools were admitted into the department for practice work, and spreading all over the institution emphasized occupational therapy to such an extent that it was difficult for any to remain aloof.

Miss Tracy's first effort was concentrated on student nurses and bravely she tried to instill into their minds the fact that the work was a "healing force to be used wherever possible." The original thought in its introduction being nurse instruction and the broadening of the nursing school curriculum, the possible direct contact of the patient with the teacher was not at first fully appreciated. Fortunately for the future of the work the place available as a center was found, not in the nurses' home, where it was first sought, but in a sun parlor of the hospital. This place, with its running water, gas arrangements, ante hall and open roof space made an excellent class room and later developed into the shop in which many of the patients have found interest and help. In this room, fitted with long tables suitable for class-room work, each afternoon for two or more hours instruction in theory and practice was given to groups of student nurses. This was no leisurely play time but concentrated, intensive effort on the part of both teacher and student. Utmost results were demanded from all with not a moment of time lost. Note books and articles made were rejected until as perfect as the ability of the student would allow, and, excuses not being accepted, many hours of home work were put in—sometimes not happily—to finish allotted work and to otherwise get ready for the next lesson hour.

The exactions of the three months period were beyond the expectations of the thirty-five student nurses who had elected the course and at times they felt that with other school and hospital obligations, they had undertaken more than they were able to carry through. When, however, at the end of the time they helped to get ready the display, showing the result of their effort, and saw the enthusiasm and admiration of spectators,

pride and understanding took the place of former reluctance and with the rest of the institution they wondered, and, more fully than others, appreciated the demonstration of knowledge, of skill, and of foresightedness which had brought together into a completed whole the many scattered and imperfect contributions of individuals. Instruction and counsel of the class room, not formerly fully understood, appeared now in relation to the whole, and these students realized that they had been spending time not only with an expert who was master of her subject, with an economist who allowed no form of waste, with a disciplinarian who held them to the utmost, but with an artist who, by making appropriate use of history, of literature and of other pleasant things in life, had brought to them beauty of color and of form and of thought.

This exhibit, as well as the second one presented just before she completed her stay, brought a thrill to everybody and was followed by many requests from young nurses to enroll their names for the course.

During the time that her afternoons were devoted to student nurse classes, and her evenings to assisting any nurses who wished to work in the shop, each morning Miss Tracy would start out to a ward carrying her various wares, these carefully selected to appeal to the type of patient to be visited. To a spectator, Miss Tracy's method of bearing her message to the wards was most fascinating, and it was of educative value to see strategy gradually overcome boredom and even intolerance when in a short time some patient beguiled by her wiles and the charm of the work, no longer resisting, would rather shamefacedly undertake to copy an appealing article. Once started in a ward, the desire to work spread like wildfire until before long the clamor became so insistent from all over the hospital that it was impossible for one person to meet or satisfy it.

Morning, noon and night Miss Tracy worked. When she prepared for the next day, filled to overflowing, only she knows, and looking back with the knowledge that has come after living five years in an institution with occupational therapy it is realized that Miss Tracy's undertaking and accomplishment were tremendous. The last two months of her time spent in the hospital being for the purpose, not of demonstrating its use, but of stabilizing it sufficiently to permit of its running temporarily without a skilled head, a few interested nurses were selected to spend all of their day in the department. Each one of these

was taught one or more forms of work, a few being expert enough to fairly well master several types of basketry or even, in addition, a little leather, wool, or some other specialty. The lesson learned by the student nurse one afternoon was handed on the next morning to a patient in the shop, both nurse instructor and patient working under Miss Tracy's supervision. If the young teacher passed this test, later she was allowed to go to the floors and give bedside instruction in that one or more subjects which she had proved herself qualified to teach. By this method there was developed in the hospital, in addition to the thirty-odd who had taken the three months class instruction, a group of student nurses with varying knowledge of occupational therapy, each one able to make some contribution to the department. None were thoroughly qualified, all were inexperienced, but with their combined knowledge and with the great interest and the active co-operation of the entire graduate and student nursing staff, it was hoped that what had been injected into the life of the institution with great effort, could be retained and at least held without loss for a time. It was not ideal, but it was war time, and each must "carry on."

From May, 1917, to August, 1918, when Miss Brainerd arrived and took up the burden, many and divers schemes were used to keep things going. Any student nurse who showed signs of even moderate ability, willing to transfer her interest to the department was eagerly seized and immediately transplanted from ward to shop. It would be difficult to enumerate the many student nurses into whose hands the work had to be passed, with varying degrees of success or non-success, and results were only what might be expected from students, drafted willingly but temporarily from their selected specialty to carry on a piece of work requiring specialized ability and training of the highest order. However, the work went on, enthusiasm did not wane, and patients were instructed. Possibly the best instruction for individual patients did not always prevail. Student nurses naturally tried to make use of what they had been taught in class, and sometimes lessons meant for certain types of patients in their own homes, when applied to hospital needs, did not fit perfectly. The fifty dollar monthly allowance undoubtedly did not have the same wise expenditure, the nurses whom Miss Tracy had instructed were gradually responding to war calls, and on the whole the road of occupational therapy was a difficult one. That it was not more so, was due to the

faithful efforts of Mrs. F. B. Moorehead and a few volunteer workers, who after Mrs. Slagle's preparatory training, gave time teaching the patients and most effectively supplemented the nurses' work. The war and its stupendous demands, however, made it impossible to find a director, until in August, 1918, Miss Brainerd was located, corraled, and once again, to everybody's relief, skilled hands were directing.

Those were busy days for Miss Brainerd, and much time was spent by her examining supplies, invoicing, sorting, readjusting and undoing. Miss Brainerd, being a kindly person, did not express opinions on conditions she found, but merely went ahead to start things on the right road again. All of her overflowing energy was put into use with the result that things moved apace. System and order and tidiness soon appeared; new and interesting and attractive things happened; hand-made shelves and tables, and racks, grew almost over night. Every day visitors found something new and bright and worth while until finally patients, and workers, and others, catching the enthusiasm, anxiously tried to contribute. So successful has been the development of the shop that it has now become a bright spot in the hospital, a source of pride to the whole institution, and the center of a work of recognized value. The Woman's Board, unfailing in its interest, through an active committee, continues in every way to support the director, and has been instrumental in securing for the department two assistant workers so that occupational therapy may be systematically carried to all parts of the hospital where its need is evident. An average of about forty adult patients are instructed daily, eighteen to twenty of these, mainly in wheel chairs, going to the shop between nine and twelve noon. Shop workers, while of course always receiving permission and approval from their physicians, are not required to show a medical prescription, and a certain proportion of them, held in the hospital for a lengthy period, voluntarily seek the diversion of the shop and the interest it provides. In the afternoons, besides two hours spent in the children's department, the remaining twenty or more adult patients are visited in their wards from two to four o'clock—all of these, as also some shop patients, working only by medical prescription. These prescriptions specify the condition to be treated, whether the patient works in bed or in the shop, give such suggestions or warnings as are applicable and are signed by the attending man with his interne's name attached.

With this prescription as a foundation, the department keeps a daily record, entering in a day book the accomplishment of each of its many patients. From this a weekly case history is written up which, when the patient leaves the institution, goes to the general history room, is attached to the rest of his record, and thus forms a part of his permanent hospital treatment history.

As of course its therapeutic side can be developed only as the medical staff decide, it has been a source of much satisfaction to have attending men continuously make greater use of the department, sending at times apparently reluctant patients, and it was considered an event indeed when one appreciative staff member stated that several of his patients would not have recovered without its assistance. Another memorable occasion was when an order was put through to make occupational therapy routine treatment for every diabetic patient on the service of one attendant—these patients to work in bed or in the shop as soon as their condition would allow. It has been found that the diabetic patient, usually absorbed in the details of his disease, his adjustments to special diet and other treatment, is extraordinarily difficult to attract, but his interest and co-operation once won, the effect of the work upon him is most noticeable. His courage returns, he thinks less of his condition, his outlook on life is a happier one, and he accepts and responds more readily to medical direction.

Other types of patients referred to the department have been transformed from mischievous, undesirable ward occupants to peaceable, harmless tenants, and incidentally good advertisers of occupational therapy. A few handicapped men have been directed to new employment otherwise unthought of, and, taught chair seating or basketry in the department, have secured positions in commercial establishments when discharged from the hospital, avoiding a dreaded dependency and becoming once more self-supporting.

Contact with the outside world having been made by the director through the Woman's Exchange, sales of weaving, baskets and other articles are common. This, with many purchases by interested guests of the shop, is a source of joy to some hospital weary patients who have long been deprived of money earning power. Of each article sold, the patient receives half of the amount, the shop retaining the other half for its expenses. The Social Service department working in close co-operation with the director, any patient recommended to the

shop by it for free care is charged nothing for material used, or may even be paid for some of his work. With this exception, every patient pays for all material used, either in work or in cash. So good an economist has Miss Brainerd proved herself that the monthly fifty dollars allowed by the Woman's Board, and once considered very small, is now rarely called upon. As far as ordinary supplies, the department is practically self-supporting and has even on occasion purchased from its own funds benches, tables and looms. With greater use of the department, however, has come added responsibility and demands necessitating further development and enlargement which will mean a renewed call for assistance from those who have always stood ready to support and help.

That the patients appreciate occupational therapy is indicated not only by their use of the shop or request for bedside instruction, but by statements made while in the hospital and not infrequently after leaving by letter to the director. At times also former patients forward a new sample or pattern or other contribution of thought, or suggestion, that has come to them. Many a surgical patient tied for months to bed or hospital confinement has said that the constraint would be unbearable without busy hands and occupied minds. Private room patients, sleepless from pain or worry, have been known to take up their baskets or other work in the still small hours, and by diverting thought have come through to morning in fairly good nervous condition. The interest of the bed patient in some form of work undoubtedly saves for the more ill patient much of the ward nurse's time, for, as one observing patient said, "if I were not busy with my basket the nurse would have to find some other diversion for me." This fact, with the better discipline in wards where pent-up energy may be given outlet in legitimate work, the evident happiness to patients able to make and take home to friends some treasured article, the change in certain patients from moodiness and dejection to varying degrees of interest, added to a better general morale and evidence of less hospital demoralization, all help to make and hold for occupational therapy the firm friendship of graduate and student nurse.

That this friendship is worth while and almost essential is readily believed when visiting wards where cane and leather or wool are scattered hither and yon, and where the patient, not satisfied with shop hours, works whenever condition or desire suggests and then often, like the child, tired, leaves things scat-

tered about to be collected and cared for. So interested do some student nurses become in the patient's efforts that they themselves elect a period of training in the department—these requests being particularly noticeable after the annual talk given to groups of nurses by the director.

The nurse's time in the department when elected averages two months and covers directed reading, practical and theoretical instruction given by the director.

Not nurses alone, but other members of the hospital family make some contact with the department. Maids on occasion take special trips to the shop, triumphantly returning some lost treasure; engineers and carpenters respond with surprising alacrity to requests for assistance; elevator men, conveying patients back and forth, give further patronage by consultation with workers regarding the placement of orders for new silk shirts or ties; an interested orderly lends a book brought from France to show some beautiful coloring. The hospital superintendent, responding to requests for assistance, directing visitors to see the work, and recently by specifying an hour when all internes together visit and are shown in detail, makes his contribution to the department.

Some patients, drawn by curiosity to the shop but not at first attracted, are held upon sight of a small library which in addition to reference books and magazines on crafts, contains a few of the classics, and these patients, receiving pleasure, repeat their visit to the center.

Thus the shop becomes a humanizing spot in the hospital for its inmates and helps, in a house of illness, to hold people normal and mentally whole.

As a publicity means, it is of value, bringing at times interest and assistance to the institution not otherwise obtainable and undoubtedly sending out many patients whose memory of the hospital is pleasanter on account of occupational therapy. So important a place has it made for itself in one hospital that money and effort expended seem fully justified and other general hospitals, contemplating installing and developing such departments might take courage from one successful experience.

ILLINOIS SOCIETY OF OCCUPATIONAL THERAPISTS HOLD OPEN MEETING

The Illinois Society of Occupational Therapists held an open meeting at the Auditorium Hotel on April 29, 1922. There was an informal reception at 12:30, followed by luncheon at 1:00. After the luncheon, Dr. Harry E. Mock, of St. Luke's Hospital, gave a talk illustrated by lantern slides on "Occupational Therapy as a Part in Complete Rehabilitation." Mrs. Eleanor Clarke Slagle, of New York, spoke on "Occupational Therapy—the Present Demand and the Future Needs." Other speakers were Mr. Zimmer, Warden of Cook County Hospital; Mrs. Carl Davis, of Milwaukee; Major Borglund, of Edward Hines, Jr., Hospital, and Miss Idelle Kidder, of St. Louis. Covers were laid for one hundred forty-five, and the occasion was both enjoyable and profitable.

NATIONAL HOSPITAL DAY

National Hospital Day was generally celebrated in Chicago Hospitals, and at Presbyterian, as last year, an interested group was made up of old friends, new friends, and Chicago people but strangers to the hospital, as well as strangers in Chicago from Cleveland, New York, Detroit and Milwaukee.

Last year we planned the address in the Chapel with refreshments immediately following, the visitors dispersing on specially conducted tours over the hospital. This resulted in a congestion on the fifth floor, making it difficult to handle the groups comfortably. Profiting by this experience, we assembled in the Chapel at 2:00 o'clock to hear an interesting address by our beloved Dr. Covert, with truly attractive music by the Preliminary Nurses, from the Florence Nightingale Chorus. The visitors then started by various routes, on tours of inspection of the interesting departments of the hospital, gradually gravitating to the reception rooms at the main entrance, where, arriving at different times, they were refreshed with tea, coffee and sandwiches, comfortably administered after the tiring trips from garret to coal hole—which two extremes vied in popularity—Miss Brainerd's shop on the roof with marvelous experiments in rug and basket weaving, toy making and chair caneing, where muscles and minds are benefited by hand and foot work, and the interesting planning of articles—Frank's domain in the power house with the giant plant for refrigerating and likewise the facilities for heating drew record interest of the visitors. The

laundry was also on exhibition, showing the invention of the workers themselves, to facilitate the laundering of our just pride, the blankets sufficient to keep a regiment warm, and also their contrivances for drying endless curtains, the joy as well as the care of Miss Clark—for no country hospital free from city smoke and dirt, could outdo her in keeping window hangings dainty and spotless.

The X-rays and Children's Department, usually closed to visitors, were also opened for inspection, and the beautifully decorated children's rooms again elicited unqualified admiration for the devotion of those who carried out the plan of beauty. It is needless to say that Hospital Day proved very gratifying to the old friends, who had not kept time with the wonderful improvements in all departments, and they appreciate this day to look through the corners that are not usually seen, but make for hospital efficiency, and literally make the wheels go round. The patients and their families little know or realize the endless machinery in laboratories, diet kitchens, operating rooms, all combining with doctors and nurses, to contribute toward the care which makes for their return to health in Presbyterian Hospital.

M. M. B.

The number of patients admitted into the Presbyterian Hospital during the month of May was 916. There was a total of 11,339 days' treatment, of which 2,461 days were entirely free. The cost of the charity work for the month, including part pay and entirely free, was \$15,783.60. Asa S. Bacon, Supt.

BEQUESTS

Since the last issue of the Bulletin the endowment of the Hospital has received ten thousand dollars (\$10,000) from the estate of the late George R. Nichols.

The bequest has no restrictions, the income to be used wherever in the judgment of the management it shall be most needed for the good of the Hospital.

Mr. Nichols was for more than ten years a member of the Board of Managers. Mrs. Nichols has been a member of the Woman's Auxiliary Board for thirty-six years.

Bernard A. Eckhart, \$10,000, to endow one room.

Anna Louise Raymond, \$40,000, to endow four rooms, two in memory of her husband, James Nelson Raymond, and two in her own name.

October 16, 1921, Helen M. Rosendal, after a long illness, was called home. Before she passed on she expressed a wish that "her jewelry and trinkets be sold and the money received for them be given to one of the Chicago hospitals to establish a free bed for homeless working girls." In accordance with this wish, her mother, after investigation, gave the amount received from the sale, one hundred and twenty-five dollars (\$125.00), to the Presbyterian Hospital. The amount was passed to the endowment fund April 3, 1922. While of itself the sum is not sufficient to provide a bed as the donor desired, it is hoped that the touching circumstances of the gift will make an appeal to those more able to give than was Miss Rosendal, and will lead to the receipt of an additional amount sufficient to establish such a bed in perpetuity. Of late years there have been some very notable and generous gifts to the Hospital. Among them this modest gift takes high rank, for she gave all she had. A friend gave \$125.00, making the fund \$250.00.

Albert M. Day, President.

REPORT OF SPRAGUE HOME FOR NURSES COMMITTEE

The graduating exercises of the School of Nursing of the Presbyterian Hospital, Chicago, occurred on Thursday, May 18, 1922, at 3:00 o'clock at the Sprague Home, 1750 West Congress Street. A large audience filled the assembly room, enjoying the following program:

Program

Processional

Invocation.....Rev. E. H. Ware

Chaplain, Presbyterian Hospital

Address to the Graduating Class....Miss Carol L. Martin

Executive Secretary, Central Council Nursing Education

Florence Nightingale Chorus—

Mr. John D. Norton, Conductor

Mr. Robert Birch, Accompanist

Viking Song*S. Coleridge-Taylor*

May Day Carol, English Folk Song.....*Deems Taylor*

Presentation of the Graduating Class to the President

Miss M. H. McMillan, Principal

Presentation of Diplomas and Address.....

Mr. Albert M. Day, President

Presentation of School Pins.....

Mrs. Perkins B. Bass, President

Woman's Auxiliary Board

Florence Nightingale Chorus—

The Joyous Shepherd*Martin-Houseley*

While the Birds Are Singing.....*Boccherini*

My Little Pretty One.....*Philip James*

An especially interesting feature was the charming singing of the Florence Nightingale Chorus, which, it is hoped, will be an annual feature of future graduations. The splendid address of Miss Martin—an honored member of our first class—to the fifty-one members of this year's class will be printed in full, with the helpful remarks of Mr. Day and Mrs. Bass, in Autumn Bulletin.

HELEN V. DRAKE,

Chairman.

ALUMNAE NOTES

The Presbyterian Alumnae served as hostess at the monthly Tea Dance given at the Chicago Nurses Club, February 5th. An interesting program of readings and music was given, in addition to the usual entertainment. There were about sixty guests.

The Florence Nightingale Chorus of the School gave a very pleasing concert at Kimball Hall, March 13th. This was for the Endowment Fund, which through donations and the sale of tickets, benefited nearly four hundred and fifty dollars.

Other activities for the Endowment Fund are equally fruitful. The Easter Bazaar, April 3rd, conducted in the East Main corridor of the Hospital, with refreshments and sales, netted two hundred and fifty dollars.

The weekly Tuesday teas in the sun room at Sprague Home are well attended and much enjoyed. The various committees are to be commended, and cannot but be gratified with the results of their efforts.

April 1st brought an entering class numbering fifty.

The May Alumnae meeting was held the second day of the month at Sprague Home. An interesting talk was given by Miss Nellie Walker, sculptress.

The Alumnae luncheon was given for the graduating class at Chicago Woman's Club, Wednesday, May 17th. It was, as always, a pleasurable occasion. The address of welcome by Miss Bess Everett, Alumnae President, was very prettily responded to by Miss Wilma Judson, Class President.

Miss Ada T. Graham, 1911, is Chief Nurse of the American Red Cross in Austria.

Miss Ruth Davis, 1920, is assistant to Miss Mabel Dunlap in Red Cross work in Moline.

Miss Anna Rauch, 1921, has accepted a position as Head Nurse in Washington Boulevard Hospital.

Miss Kate Schimmelfenig is to spend the summer in Mexico City.

Many of our nurses are planning their vacations to include the Convention in Seattle, for which an exceptionally good program has been prepared.

Misses Esther Harper and Dorothy Gross, 1921, have sailed for the Orient, where they will take up duties with the Peking Union Medical Hospital—a part of the Rockefeller Foundation.

Interesting letters are received from Miss Mary Bissett, Class of 1916, who is in charge of nurses' training in the Ellen Lavine Graham Hospital in Haichow, China—also from Miss Martha Mills, Class of 1921, from the Union Mission Hospital, Ilioilo, Panay, Philippine Islands.

Born—To Dr. and Mrs. H. L. Baker (Marion Cromie), a daughter, April 28, 1922.

Married—Miss Henrietta Dalrymple to Mr. Beder Wood, Jr., February 25, 1922.

Married—Miss Mary Ross to Dr. William T. Robinson, March 20, 1922.

Married—Miss Margaret Donaldson to Mr. Luther H. Beacon, April 21, 1922.

Married—Miss Grace Dunlap to Dr. Irwin Bowing, May 6, 1922.

Died—Mrs. Myrtle Mitchell Jones, Class of 1921, March 4, 1922, Chicago, Illinois.

Died—Mary Laurretta Sanders, Class of 1920, April 24, 1922, Grinnell, Iowa.

The Presbyterian Hospital Bulletin

CHICAGO, ILL.

OCTOBER, 1922

NUMBER 50

Published Quarterly by the Woman's Auxiliary Board. Committee:

Mrs. E. E. Irons, Chairman; Mrs. Perkins B. Bass, Mrs. James B. Herrick, Mrs. D. W. Graham, Mrs. W. B. Martin, Mrs. H. H. Belfield, Mrs. Frederick T. Haskell.

Subscriptions, 50 Cents a Year, may be sent to Asa Bacon,
Superintendent, The Presbyterian Hospital of Chicago, or to
Mrs. Wm. Coffeen, Hinsdale, Ill.

EDITORIAL

The June issue of the Bulletin, an Occupational Therapy number, gave a short report of the graduating exercises of the School for Nurses, held at the Sprague Home, May 18, 1922. In this issue we print the address to the graduating class by Miss Carol Martin, Executive Secretary of the Central Council for Nursing Education and a graduate of our first class. Also the timely remarks of Mrs. Bass and Mr. Day on that occasion. We have pleasure, too, in presenting an article by Mrs. D. W. Graham on our Scholarships and Loans and a report by our student nurse delegate to the Y. W. C. A. conference held at Lake Geneva.

An editorial which appeared recently in a local paper seemed of sufficient interest to reprint in part for our readers. It presents one side of the controversy as to the reasons for increased cost of hospital treatment.

THE HIGH COST OF KEEPING ALIVE

The high cost of hospital treatment has occupied its share of the limelight of late along with the high cost of everything else, but little has been said as to the reasons therefor. It is known that the process of getting well is an expensive one, and it is said that the only people who can afford adequate medical aid are the very poor who are treated free and the very rich who can pay high prices for any kind of service.

Among the causes for high rates in hospitals is the vast array of apparatus, the last word in science, which is made use of in diagnosing and fighting disease. The cost of installing the scientific machinery used in a modern hospital runs into many thousands of dollars. Skilled operators of this apparatus must be paid high salaries. Consultant experts and diagnosticians, whose fees are beyond the reach of the average patient should he call them on a private case, are called into service. Nursing costs are higher than at any time in the history of the profession. Internes, office staffs, and a large personnel for the carrying on of the varied activities of the institution make for a large overhead expense.

But the patient is getting more for his money than ever before in the practice of medicine. The time of sickness has been shortened. Twenty-eight years ago the average stay of a patient in a Chicago hospital was 40 days. Last year it was 13 days. In an Evanston hospital, figures at hand show, it was 10 days.

Within the last 50 years greater strides have been made in medical science than in all the previous years of its history put together. Epidemics and plagues which once swept whole continents are now quickly recognized and stopped. Lingering invalidism and chronic sickness are disappearing. The death rate is notably falling. Men are made over from quivering wrecks into coordinating human beings, as was witnessed in hundreds of instances during the world war.

The cost of getting well may have gone up, but no farther than that of any of the other varied activities of living. And with the advancing cost of getting well have come real results, beneficial to humanity and conducive to the safety and comfort of the individual. Most of us doubtless consider that in the case of the hospitals, the "high cost of living" has been justified.

EXTRACTS FROM ADDRESS TO GRADUATING CLASS OF PRESBYTERIAN HOSPITAL SCHOOL FOR NURSES

Miss Carol L. Martin, B. S., R. N.

Executive Secretary of Central Council for Nursing Education,
Chicago, Ill.

Little did I think, when timidly receiving my diploma at the first commencement exercises of this school, that some day the honor would be bestowed upon me of addressing a graduating class of my own alma mater. Any such suggestion at that time (June, 1906), would have been banished as an air castle, a fantastic dream, so I value more deeply than I can express the privilege and honor of addressing you today.

Great changes have taken place since the time of the first class. The hospital has doubled its capacity and developed and broadened its scope of activities until its splendid influence is now felt throughout the hospital world. The school has grown almost miraculously, physically, as evinced by these delightful surroundings, and numerically, as I recall the class last year numbered about seventy, while the graduates in 1906 were only ten in number. The school has shown steady progress almost from its inception until today it ranks among the leading institutions of its kind in this country.

The graduates, now over six hundred in number, experience a thrill of pride, of satisfaction, when—no matter where or how far they may go among other professional groups, other institutions of learning—they are asked, "of what school are you a graduate?" The reply is suffused with a warm feeling of love and devotion as well as pride in the high standards which have been attained by the Presbyterian School for Nurses of Chicago. We are grateful indeed to those who have so steadily and persistently worked for the highest interests of the school, to those who have constantly safeguarded the welfare of the students—the spiritual, the educational, the social and the home life have all been carefully considered. We congratulate those who have stood so faithfully at the helm in carrying out the policies, so wisely formulated and directed, that have resulted in this modern institution of which they may well be proud.

The young women now graduating from our schools of nursing throughout the country are to be congratulated. Never before in the history of nursing have there been such rare and numerous opportunities for carrying on a vitally necessary part of the world's

work as are now offered in this vocation. In the time of the great Florence Nightingale, nursing consisted of only two or three branches, namely, hospital and bedside nursing. Today it covers thirty or more distinct kinds of activity. Nearly every phase of community welfare work that is established is calling for the nurse in some capacity. From the more simple duties heretofore performed by the nurse, we now find her work has developed so that it includes duties that are public, social, educational and administrative in character. Nurses are playing an important rôle in solving some of our greatest national health and community problems, in the remote rural districts as well as in the crowded centers of population—our large cities. The trend in medical work today is toward prevention rather than cure—health education—and the nurse is an important factor in carrying on health educational work.

While I might dwell at length upon the opportunities for nurses in preventive and health-educational work, yet, there are other duties to which I would call your attention, duties which we as nurses and citizens must not shirk—the responsibilities and obligations of good citizenship. Perhaps the things we have learned, during the recent war and the last few years, about ourselves, about conditions existing in this great country of ours, cause us to think a little more seriously as to whether or not we are meeting the responsibilities incumbent upon each one of us. It may not be inopportune to call your attention to some of our shortcomings as a people.

During the war, to our surprise, we learned of the appalling lack of education on the part of large masses of our people, many of them native born. Only one out of every four of our young men, who offered themselves for service, their lives to their country, could read and write, showing thousands could neither read nor write. Many were rejected because of neglected, physical defects, which if taken in time or early childhood, might have been eradicated and, I doubt not, were we to make as careful an investigation of the young women of this country we would find almost as many physically defective. The Department of Education, under the Bureau of the Interior, made a very careful investigation during the last three or four years, the report of which shows us that three out of every four children—fifteen million—in these United States are physically defective; another startling feature revealed is the fact that most of these physically deficient people are found in our rural districts, in the more isolated parts of the country where the people do not have free access to good medical aid and attention.

These conditions in our midst should cause us to reflect—is democracy here only a theory, a dream, or is it a fact? To make it a fact, to make our dream “come true,” we must provide opportunities and create conditions so that each boy and girl has at least the chance to enjoy as good health as possible, to start life with a good sound physical foundation, to at least have the opportunity to learn to read and write, to receive education necessary to earn a decent living and become a useful member of society. The progress and welfare of any nation depends to a great extent upon the health and vigor of its people and to the development of intelligence through proper educational systems available to each individual according to his mental endowment. Our education should aim at creating a social intelligence, a social spirit, an interest in the general welfare of humanity, an interest in people as human beings having souls. It should engender in us a desire for co-operation among citizens so as to promote the highest welfare of all in the community, for cooperation among nations as we need to learn to think internationally if we are going to use intelligence in solving our international problems and not resort to barbaric measures so ruthlessly destructive to life and human happiness. Self-interest as a basis for social living has been shown to be inadequate; self-interest brought one of the greatest, one of the most progressive nations of the earth to its knees during the past few years, it never spells progress to individual or nation. We must be constantly on the alert not to become too self-centered, to seize our opportunities to study conditions and uphold all measures that lead to improvement.

And as nurses—as good citizens—the possibilities for social usefulness and self development are limited only by our own individual capacity.

Another phase of activity which we, as good citizens, need to consider is “Americanization”—of which we have heard so much during the past few years. We have the great problem of the Americanization of the “large number of diverse peoples who are among us, but not of us.” I wonder how many of us have given careful thought as to its real meaning.

Too many of us regard Americanization merely as a formal process of instruction comprising the learning of our language, how to vote or cast the ballot, how to become naturalized, etc. It includes all these factors but involves much more. In a word Americanization is the feeling of “togetherness,” of helpfulness and cooperation which should exist between new and native born Amer-

icans because of common aims, interests and efforts in working toward the ideals and principles for which America stands among the nations. It is a process of education in mutual understanding and growing together, a "doing unto others as you would have them do unto you." It involves more than mere toleration on our part; we have much to learn from the foreigner who has behind him such a rich inheritance in tradition and history, in the religions and literatures, and, in his innate appreciation of the fine arts, music, painting, sculpture, etc., we as a people seem crude indeed, as most of us acquire an intellectual appreciation only through laborious, careful study, opportunities for which are not accessible to the large masses of our people. Too often we have failed in friendship to them, in showing the spirit of brotherhood to these people who come to our shores seeking better standards of living and advantages for their children which they have not had. We have used the immigrant as a tool to gain our own selfish ends; we have exploited him outrageously in our sweat shops, coal mines, in developing our rich natural resources, while at the same time we have subjected him to unspeakably bad living, industrial and social conditions. He has been at the mercy (helpless as he is, even not being able to speak our language), of the professional vote-buyer, the cheap ward politician, the mercenary labor-boss and others preying upon him, while we stand aloof. These people do not come into contact with our best type of American citizens so they cannot know the good America as we know it. Because of our aloofness, they form little isolated communities and groups by themselves, they become belligerent, embittered and the anti-social spirit is fostered and it is this anti-social spirit that is the cause of much friction and lack of harmony—of some of our greatest problems today. Our citizenship is faulty indeed if we allow this state of affairs to continue. It is to our own interest to extend a helping hand, help the foreigner (if we admit him to our shores and we seem to need him), to adapt himself to new conditions, to find the America as we know it, to aid him in absorbing or embracing our ideals and traditions of which we are so proud. Cooperation, not exploitation, in helping him to become an American is a good form of "preparedness," the only safe way.

Perhaps you are wondering "what has all this to do with nursing, this talk of citizenship and Americanization." Only to call your attention to duties, responsibilities and opportunities that are ours as nurses and good citizens. Nurses are called into many phases of welfare work. There are over thirty distinct lines of activity

open to them. We find them now, more and more, in all parts of the country, in the remote rural districts as well as in the urban centers of population. They come into contact with people, rich and poor, from all walks and conditions of life; they meet people in times of distress and through their ministrations and measures of alleviation they win their gratitude, affection and confidence. What a splendid influence for good the nurse can be if she is but alive to her opportunities for service that will promote the welfare of people generally. As a health educator she should disseminate the scientific knowledge now available in our great laboratories, as she has extraordinary opportunity to interpret to the people in simple language and practical example the message of good health and good standards of living which are so necessary to good citizenship. Dr. Livingston Farrand, now President of Cornell University, formerly Director of the American Red Cross, has said: "If there is one fact that has been developed in the public health campaigns of the last two decades, it has been that the nurse is the central factor in applying practically what we know scientifically as to prevention of disease and the building up of community health." Nor must she stop there, the nurse should cooperate as far as possible with the various welfare agencies in the community, in whatever capacity she serves in that community. Nurses should be actively interested in civic, state and national problems. They should become members of civic as well as of their own professional organizations. They should support all measures that make for better standards of living, that improve the general welfare of all individuals in the community.

We have before us, and probably will have for decades to come, the great task of assimilating the foreigner and of making an American people out of the mass of strangers who are here. The nurse is an important factor in carrying on helpful, practical Americanization work. She must have that social intelligence and aspect of her work so that she may render her highest and best service wherever the opportunity presents itself. Immigrants, sooner or later, break in health because of bad housing and working conditions. They may be so fortunate as to be taken to some of our good hospitals where, for the first time, they may meet with kindness or find a helping hand extended to them—or the visiting nurse may go to the home or hovel such as it may be. Through her ministrations she wins their confidence, they become pliable in her hands, affording her a splendid opportunity to teach good health habits to the children, to help the isolated, lonely, struggling mother

to adapt herself to the new surroundings and conditions that are so bewildering to her. The nurse at all times has the opportunity of showing the true, democratic spirit of helpfulness, the spirit of brotherhood, so needful in the world today.

Nursing, at times, involves sacrifices but it also brings rich rewards in that it affords opportunity for a splendid type of usefulness, which, in turn, leads to the joy and satisfaction of something accomplished, to peace of mind because of work well done. It is all social service, as we are not working with lifeless, inanimate objects but with lives, with human beings. Let us not become narrow in outlook or vision; let us see and realize the social significance of our work. Let us grasp the opportunities for being helpful beyond the performance of duties merely technical in nature, for we are privileged indeed—and in the end, may we merit the words of the Great Master, "Well done, thou good and faithful servant."

PRESENTATION OF DIPLOMAS

Albert M. Day

President of Board of Managers

To the members of the graduating class of 1922:

This is an interesting day to all of us. To you it is an epoch! The diplomas which it is my pleasure to present to you, mark the termination of your course of training. They testify to your satisfactory work in the school and the hospital, and are certificates of your qualifications to practice your profession.

As you look back upon the three years that you have spent with us, preparing yourself for this day, how short the time appears, which was so long in passing.

What facilities you have had for instruction! What opportunities for service! What friendships you have made! What a view you have had of the sorrows and sufferings of the world!

All of these experiences, some interesting and satisfactory because you have been able to help others, many trying and saddening because all your efforts could not bring relief, are a foretaste of what your life will be in the practice of your profession and, we trust, have prepared you for it.

"Unlike the rest of the busy world, you have been seeing the entrances and exits of the drama of existence and more than others, were nearest to those two vast mysteries between which lies the domain of life."

You are now to go out from this school, where you have had experienced teachers to guide you and are to be put upon your own responsibilities.

As you go out to begin your profession, you must be fortified with its highest ideals. Your best efforts will not always be appreciated, but if you are upheld by the knowledge of duty well performed, of service lovingly rendered, you will succeed, 'tho sometimes the way seems hard and the journey long. Your opportunity will be, Service; your duty will be to bring to this service all the skill which you have acquired, all the ideals which have been taught you and all the qualities of love and helpfulness which you possess.

If you take up your work as followers of the Man of Nazareth, who went about doing good and healing the sick, then each day's work will bring its benediction, and you will go from day to day with increased strength

"To give what none can measure, none can weigh,

Simply to go where duty points the way."

There may be but few great days in your life when big emergencies and great opportunities will present themselves. Most men and women measure up reasonably well to such days. But it is the round of common days that will test you, and that you must measure up to. Humble duties never slighted, patient ministration, even if unappreciated; forgetfulness of self; a full desire to serve, and loving tender spirit of devotion, day by day of the common days—these will carry you through the difficulties and at last bring you the approbation—"Well done, good and faithful servant."

The traditions of this school will be behind you and will be an inspiration to you.

Your faithful work in the hospital is appreciated, and we thank you for it. As you go out from us, we shall follow you with interest and love. We trust that you will look upon this school as your home, and will always be loyal to its precepts and its ideals.

In a great measure, our reputation is in your hands and by your course we shall be judged. For our sake, as well as your own, do not be satisfied with anything else than the best that is in you.

And the thought which I particularly desire you to carry with you as you go from us is high ideals of duty and service.

In the name of the Managers of the Hospital, and in their behalf, I bid you God-speed on your journey.

PRESENTATION OF SCHOOL PINS

Mrs. Perkins B. Bass

President Woman's Auxiliary Board

The audience at the Graduation Exercises represents to us the "home folks" of these girls who have been under our care for three years. You have been their encouragement and backing, during their course, and to you first, we offer congratulations that they have creditably completed their course of training. It must be a satisfaction to you of the Graduating Class that Miss Carol Martin, a member of the first class to graduate from Presbyterian Hospital Training School, is chosen as your Commencement Speaker. We consider her a "MODEL" nurse. We believe that today we are turning out fifty-one, more, Model Nurses. You will be interested in the dictionary definition of "Model." A Model is a very *small imitation* of the *real thing*. As head of the Training School—you have had in charge of your training the "REAL THING" in Nursing Education; as President of the Hospital—the ideal embodiment of loving service for suffering humanity; as Superintendent of the Hospital—the authority on Hospital Administration, but with a heart big enough to feel a sympathy for every patient that comes into Presbyterian Hospital; as Staff of the Hospital—the "last word" in scientific accomplishment, in achievement in surgical and medical research. You may well be proud if you prove to be true imitations of the fine qualities that have made these people worthy to be imitated. You enter today your various, chosen, fields of service. Some of you are born gifted for bedside nursing; others excel in the organization and administration of health agencies—public health, infant welfare, civic nursing association, hospital or training school administration.

We hope that all of you will, in time, have homes of your own. We do not consider a nurse wasted, because she finds a home, for where is her training of more value than in her home and in her community? Outstanding today are the five nurses, who have chosen to go to foreign countries, there to wield a wide influence among the native women, who shall be future mothers and teachers of their countrymen.

Italy has given to the world a beautiful painting, which shows her conception of the service of nursing. It is the idealized figure of a nurse, holding in her hand a lighted Roman lamp. These lines convey somewhat the same idea:

His lamps are ye; to shine where He shall say;
And lamps are not for sunny rooms, nor for the light of day,
But for dark places of the earth,
Where sin and crime and shame have birth,
And for the murky twilight gray,
Where wandering sheep have gone astray.
And as, sometimes, a flame we see, clear, shining through the
night
So dark, we cannot see the lamp, but only see the light—
So may ye shine, His love the flame,
That men may glorify His name.

In the name of the Woman's Board, I have the honor to present to each of you, your pin—the outward symbol of our faith in you, and your loyalty to the Training School of Presbyterian Hospital.

SCHOLARSHIPS AND LOAN FUND FOR SCHOOL FOR
NURSES OF THE PRESBYTERIAN HOSPITAL
ESTABLISHED BY THE WOMAN'S
AUXILIARY BOARD
Mrs. D. W. Graham

The present school was established in 1903. Previous to that time there were two attempts at doing our own nursing, when the hospital first opened its doors in 1884 and again a few years later—but both attempts were abandoned because of lack of room. An arrangement with the Illinois Training School for Nurses provided efficient nursing for more than fifteen years.

In 1903 Mrs. Charles D. Hamill, then the president of the Woman's Board, was made one of a committee appointed by the Board of Managers to find a suitable home for a school for nurses. Such a home was found on the northwest corner of Ashland Boulevard and Congress Street. It very soon proved inadequate in size and two buildings adjoining to the north were added to the original purchase and there lived our students for nine years, till 1912, when the present memorial Sprague Home for Nurses was completed.

Being connected with the enterprise from the start, it was natural Mrs. Hamill's interest should be great. She at once organized a standing committee on the Woman's Board of which committee she was chairman and by vote of the board Mrs. Joseph Matteson of the Second Presbyterian Church was her assistant.

These members gave monthly reports to the board of the growth and development of the school and created and maintained an active interest on the part of the entire board.

But it was not till 1911 (the school 8 years old) that information came showing what a really helpful thing the Woman's Board might do. It was learned that sometimes a student entered, thinking she had sufficient resources to carry her through (for it must be remembered this school pays no monthly stipend), but financial reverses came and she must either stop her training or borrow.

To stop her training after having spent six months or a year in the school is a misfortune not only to the student but to the school for so far as the school is concerned it is all lost effort. This was the Board's opportunity for an important service and a loan fund of indeterminate amount was established. The only requirement being the application must be approved by the principal of the school—Miss McMillan—and presented by her to the School for Nurses Committee—she stating the amount to be given monthly. The loan to be paid back by the borrower at her earliest convenience and up to the present time no interest has been charged. The borrower signs a note which is in charge of the treasurer of the Woman's Board and placed in the safety deposit box. A copy is kept in the Principal's office. The amounts loaned vary from \$5 to \$10 a month.

To date, October 1, 1922, 35 students have been so helped—\$3,609 is the amount loaned, of which \$1,977 has been returned. Ten of the borrowers are still in training, two have just graduated and two have disappeared and we count our loss as less than \$200—which is not a bad showing for the amount loaned and the number helped.

An arrangement is now being considered which will make the notes of the students become interest bearing one year after graduation.

SCHOLARSHIPS

At the time the loan fund was established there were urgent appeals coming to the Woman's Board of Foreign Missions of the Northwest for graduate nurses to serve as supervisors in the hospitals on foreign fields under the care of our denomination. After a conference with Mrs. John Balcolm Shaw, then president of the Board of the Northwest, and a vice-president and active worker on the Woman's Board of the hospital, a plan was presented to the

members of the hospital board whereby a strong connecting link would be created between the two women's boards.

A committee was appointed and the plan which now prevails received the full indorsement of the hospital board.

The plan was that three (3) memorial scholarships should be established, for Mrs. Joseph Matteson (1909), Mrs. Charles D. Hamill (1910), and Miss Rose B. Mason (1913). These scholarships are small in amount, only three hundred dollars (\$300), to be paid in monthly installments of \$10 each and not beginning till after the preliminary period has been successfully passed and the student accepted to complete the course of two and one-half years more.

Knowing the appeal for graduate nurses was great on boards of all denominations and the responses all too few, the scholarships were open to approved candidates from all Protestant denominations—preference being given to students of our own denomination. Entrance requirements were the same in all cases, discipline the same. "Preference" meaning that if two students of equal ability applied for one available scholarship, the preference was supposed to be given the Presbyterian girl.

It also happened that just at this time the value of social service in a community was being brought into prominence in Chicago and a department had been established in the Presbyterian Hospital.

Also appeals were coming for graduate nurses in certain Home Mission fields so the provisions for the scholarship were made broad enough to include Home and Foreign Missions and Social Service work.

The first to avail herself of this offer was Miss Pauline Kuehler, class of 1914, who has done social service work continually either in Chicago or Gary, Ind.

Miss Gertrude Hard, also of the class of 1914, has been in Army service and is now in a U. S. Public Health Hospital.

Though the scholarships are open to Home Mission candidates no application for the use of one has been made. The one graduate in Home Mission service was not a scholarship student, Miss Frances Stevenson, who served in Haines Hospital, Alaska, until her marriage:

Of the twelve students who were pledged to Foreign Mission service, two left the school before completing the course and re-funded the money advanced.

Five of the remaining ten are on their appointed fields, Miss Gertrude Kellogg, class of 1918—China—Congregationalist. Miss

Ida Seymour, class of 1919—daughter of Dr. and Mrs. W. F. Seymour of Tsining—China—Presbyterian.

Miss Leila Clark, class of 1920, daughter of Rev. and Mrs. Walter J. Clark—India, Presbyterian.

Miss Lorraine Vickery, class of 1922—India, Methodist.

Miss Gwyneth Porter, class of 1922, daughter of missionaries—India, United Presbyterian.

Miss Esther Jongewaard, class of 1922, United Presbyterian. Not yet assigned.

Miss Florence Foreman, class of 1920, daughter of Dr. and Mrs. John M. Foreman. Presbyterian. Appointed to India. Now the Gladys Foster Memorial Nurse (special nurse for ward duty) in this hospital.

Miss Mildred McGlashan, Presbyterian, and Miss Alethea Boggess, are still students. Also Agnes Wilson, Presbyterian, who has been placed on the Education Fund of General Assembly's Board.

Twenty-eight hundred dollars (\$2,800) has been given in scholarships in eleven years. While at first the offer of these scholarships seemed not to entice desirable students to the profession of nursing and rarely were all three of them in use, for the last four or five years they have been in great demand, exceeding the three agreed upon—but the excess was credited to the years when all were not in use so that the total amount given is less than it might have been.

Beginning with the class of 1923 all recipients of scholarships will be expected to sign the following agreement:

Having completed the six months' preliminary work and been accepted to complete the course in the School for Nurses of the Presbyterian Hospital of Chicago, and as an approved candidate of the ——— Board of Foreign Missions, been awarded a scholarship of Three Hundred Dollars (\$300.00) by the Woman's Auxiliary Board of the hospital, the same to be paid in monthly installments of Ten Dollars (\$10.00) each, I agree to make every effort on my part to be on my field of service as soon as sufficiently qualified. Should failure to accomplish this be caused by desire or change of plan on my part, I understand that the money received from the Woman's Auxiliary Board is to be considered a loan to be refunded by me as soon as possible.

Other graduates, not scholarship students, who as Principals of Schools for Nurses are carrying in to foreign fields the traditions of the Presbyterian Hospital School for Nurses are:

Mrs. C. A. Owen (Margaret J. Corette), class of 1912—Egypt.
Miss Edna Burgess, 1914, Kermanshah, Persia, Presbyterian.
Miss Mary S. Bissett, 1916, Haichow, China.

Miss Mary Bricker, 1921, Methodist. Sails this autumn.

Miss Martha Mills, 1921, Union Mission Hospital, Philippine Islands.

Miss Dorothy R. Gross and Miss Esther Harper, Peking Union Medical College, Rockefeller Foundation.

One missionary has died in service, Mrs. Sadick Fattal (May Elsey, class of 1907), first missionary from the school. Went to Syria, returned for furlough and was married in her home. Returned to Syria and died October 20, 1919.

These number 14 to date but several others are in the class entering this October. It is gratifying to note the interest shown in such students by our own General Board of Education of the Presbyterian Church in the U. S. A.

EXTRACTS FROM LETTERS RECEIVED FROM MISSIONARY NURSES

Miss Martha Mills writes from Union Mission Hospital, Iloilo, P. I.:

"I am beginning to feel quite at home with the work and the Filipinos. The girls are dear, so very teachable and responsive but they have so little background to build on. When one sees how they live it is surprising that they do so well. You may be interested to know that this is the oldest Training School in the Islands. The first class of three, graduated in 1906, one year before the Philippine General in Manila graduated any students. The first nurses went barefoot in the wards and wore red calico uniforms, as that was the only material to be had in large quantities.

We have 36 girls now and are hoping for 20 probationers in the spring. If that number materializes the eight hour system will be put into operation here.

The financial crisis here has had its effect upon the hospital and so far teaching has been the heaviest part of my work, and I certainly am thankful for every bit of training and teaching experience I have had. The giving of my first general anæsthetics was an unforgettable experience. As a means of inducing perspiration it is far and away above hot packs or electric sweats.

My sister Grace has started a chorus for the nurses. They love to sing and learn quickly. I wish Mr. Norton and the Florence Nightingale Chorus could hear our Filipino Nightingales sing."

Miss Mary Bissett writes from The Ellen Lavine Graham Hospital, Haichow, China:

"I am glad for the good things which I read in the Bulletin, there are suggestions which can be used even in a ten year old hospital. As yet I have not tried to begin the course for a registered training school. I am so new and unprepared and the material which we have is even more unprepared to receive than I to give. I have four boys with a fair Chinese education, but who when they came five months ago were absolutely new to foreigners and hospitals, were not even acquainted with the terms, hygiene, contagion or bacteria, so you see it will be some time before they can be trusted to take care of clean cases, which, by the way, are very rare out here. Most of the diseases of China are the loathsome ones, associated with dirt, poverty and degradation, but as far as I am able to know the hearts aren't the least bit different from the ones I knew on the other side of the ocean.

Our work is somewhat different from other interior mission hospitals I have known. I think our obstetrical and children's work is large in proportion.

I am happy for the privilege of being in the work and only wish many of our girls at home could know the satisfaction, the fun of work in the new and untouched field. I am sure more would come."

(From the Continent, October 12, 1922)

HOSPITAL ROOMS NOT HEATED, PATIENTS NEED WADDED CLOTHES

The clothes problem in Chinese mission hospitals is somewhat different from that in American medical institutions, says Miss Ida M. Seymour, one of the trained nurses in the hospital at Shantung. Each patient must be furnished with three different kinds of raiment, varying in weight from thin summer clothes to heavy wadded garments for winter, for many of the rooms are not heated at all and others very little heated because of the necessity of saving coal. Convalescent patients who are able to walk about wear the pajama bed suit with no embarrassment, for it is so near like the regular native costume.

IN MEMORIAM

In the death of Mrs. E. E. Jonathan, at Berwyn, September 7th, the Presbyterian Hospital lost an interested, loyal friend and the Board a valued member.

Mrs. Jonathan was one of earth's true gentlewomen, kindly in spirit, of broad sympathies, a friend to all.

"I fancy he best worships God,
When all is said and done,
Who tries to be, from day to day,
A friend to everyone."

MRS. A. J. DUNHAM.

Mrs. Jessie S. Vincent passed away October 6, 1922, at the home of her daughter, Mrs. George B. Loune. The funeral service was conducted by Dr. Stone and the burial was at her old home, Hamilton, Ontario. Long service on the Woman's Board was indicative of her deep interest in Presbyterian Hospital. She will be remembered especially for the cheering word she has often spoken in the devotional service at the opening of the Board meetings.

E. MALTMAN.

AN UNIQUE GIFT TO THE WOMAN'S BOARD

Mr. L. R. Hall, who died October 19, 1922, in his 89th year, an elder in the Third Church for forty years, spent several weeks this past summer in the Presbyterian Hospital.

It was his first hospital experience. While there he became greatly interested in the work of the Woman's Board and gave to it a camel's hair shawl that belonged to Mrs. Hall, who died some years ago.

The shawl is to be sold and the proceeds used by the Woman's Board.

Mrs. Hall was a daughter of Mrs. Nathaniel Norton, a charter member of this board and the first chairman of the Devotional Committee.

I. B. G.

REPORT OF LAKE GENEVA CONFERENCE OF Y. W. C. A.

By Miss Mary Margaret Dunlap, Class 1923

President Nurses' School Y. W. C. A.

The Central Student Conference of the Young Women's Christian Association was held this summer from August eighteenth to the twenty-eighth, on the beautiful shores of Lake Geneva. The organization at Sprague Home was represented at the conference by three of the nurses—one being sent as camp nurse, one through the generosity of the Woman's Auxiliary Board of the Hospital, and the third through the efforts of the members themselves.

We arrived at camp on Friday noon, and found ourselves comfortably located in a tent with the camp physician and her little daughter. We were near the administration building and the dining hall, and the lake was near enough to make it convenient for bathing.

Although the conference program was very elastic and could be changed to suit each day's need, it followed, as a whole, the following order: the mornings were devoted to classes, discussion groups, and lectures, which were given by the men who had been chosen to direct the thought of the conference. The afternoons were spent in recreation of all kinds, and certain hours were set aside for rest and quiet. In the evening there was usually a lecture on some theme which was of vital interest to us all.

On the first Saturday afternoon, Miss Katy Boyd George, hostess of the conference, entertained us at a "get acquainted party." The affair lived up to its name most successfully, and many new, worth-while friends were made that afternoon.

During most of the afternoons there were tennis tournaments, baseball games, and water sports, while many of the girls took that time for hiking or boating. The water carnival which was held on Friday afternoon was a most exciting event. Most of the schools had entered their contestants, and the rivalry was very keen. Some of the fancy diving was especially entertaining, as were also the stunts put on by some of the camp employees.

Campfires and marshmallow roasts were numerous, but none of these was more enjoyable, I am sure, than the "bacon fry" which the student nurses had on Tuesday evening. We numbered fourteen—two from Evanston Hospital, four from Detroit, one from Milwaukee, four from Ann Arbor, and the three from Presbyterian. We journeyed up to Round Top, and there was brewed the most

delicious coffee imaginable, and there was fried the crispest bacon ever known.

Saturday night was called stunt night, each state trying to express its cleverest ideas in its cleverest manner. At the last minute some one suggested that the student nurses get together and have a stunt of their own. We were somewhat overcome by the idea, but after much racking of brains and trying on of uniforms, we proceeded to demonstrate a new form of painless surgery. Imagine our surprise, when, after the program was over, the director announced that the stunt by the student nurses had been awarded the first prize!

But this lighter side of the conference is, after all, not the most important. For it is, as some one said during the conference: "The girl who goes back from Geneva and tells the girls of her organization only of the sail-boating and swimming, only of the beauty and loveliness of the lake, or of the tennis and other sports is shirking her responsibility and is, in reality, a coward." It is the deeper side of the conference that makes it so vital in the lives of the students who attend.

At our discussion groups and in our lectures, we tried to discover for ourselves just what America's place in the problems of today ought to be, and then to learn our individual duty as Christian citizens of America. The theme of our thought throughout the ten days was based on these three purposes: (1) to break down barriers, (2) to change thinking, (3) to widen the reach of our love.

Professor Elbert Russell of Swarthmore, Pennsylvania, gave a wonderful series of addresses on "God in the Experience of Men," in which he tried to show us that the needs of the world are very much the same today as they have always been; and to satisfy those needs we must practice Christ's teaching of brotherly love. Then as a direct application of these talks of Professor Russell's, Dr. Soper of Northwestern University delivered a series of talks on "Christian Internationalism." In this series he tried to show that the only solution for the international problems of today lies in Christianity and its teachings.

The thing which struck us most forcibly throughout all these talks was, I think, the fact that although we call ourselves students, we are in reality appallingly ignorant of what is going on in the world today, both at home and abroad, and that the thing we need to do most is to read and acquaint ourselves with today's events. We began to see that we could never hope to solve modern problems unless we had more knowledge of facts and could discuss them intelligently.

The last hour of the morning was devoted to technical councils where the girls could ask questions regarding matters of technique, organization, finance, etc. We nurses, realizing that our problems were in many ways very different from those of college students, asked to meet by ourselves during this hour. We had some very interesting discussions at these meetings, and often the talks were lengthy and earnest. We took up such questions as student government, the eight hour day, the honor system in examinations, and the place of the Young Women's Christian Association in a training School for Nurses. We realized that the Y. W. C. A. work among professional groups is new, and that there are numbers of problems to be solved. All of us who were at Geneva, however, agreed that there is a distinct need for the work, and we hope to be able to build up this branch of the organization, so that as student nurses we may take our place among other students of the world, and do our part in promoting a Christian citizenship.

CENTRAL COUNCIL FOR NURSING EDUCATION

The audience addressed at the summer session of a university was composed of teachers and social service workers who come into contact and directly influence large numbers of young women. Following the talk many questions were asked and requests for interviews were granted. Two of the teachers came to the office of the Central Council, one of them desiring information as to how high school courses could be made to meet the needs of the prospective student nurse; the other is about to engage in vocational guidance work in a high school, and she wished to know about good schools of nursing and many details concerning nursing education. We have also been requested to speak at Chicago University early next fall to the young women who will enter at that time.

We have recently had several interviews with young women, also letters from others who are still in high school, who have decided to enter nursing when they secure the high school diploma and want literature and information. This shows the value of presenting nursing to them particularly during the sophomore and junior years, as they have frequently chosen a vocation by the time they reach the senior year.

During the past few weeks a large vocational conference was held at one of the leading eastern colleges for women. Many vocations were presented but nursing was not on the program. The large group of young women present voted upon different vocations

as to their own selection and nursing ranked seventeenth, there being only two vocations that received a lower number of votes. This shows the need of publicity, of educating people generally to the splendid opportunities today in nursing to well qualified women, particularly in administrative positions in schools of nursing—in public health work, in the many phases of welfare, social and community work now calling for nurses and it is utterly impossible to fill the demand for instructors to teach in our schools of nursing. College women now in nursing feel the need of all the resources they have to draw upon in meeting the complex problems that arise in the many phases of health and social service work calling for nurses.

It is the teachers and vocational advisers in our schools and colleges who directly influence large numbers of young women whom we have to satisfy in the future and they ask some very searching questions concerning courses in nursing. They are studying carefully the advantages, also disadvantages, of the different vocations and it seems almost imperative that we keep our good schools of nursing in the foreground and let people know of the courses in nursing that are of educational as well as of practical value. That is what the vocational advisers are seeking. They wish young people to go into activities in which they may continue to grow, and we must convey to them the idea that development of intelligence does not cease upon entering a good school of nursing.

Respectfully submitted,

CAROL L. MARTIN,
Executive Secretary.

SOCIAL SERVICE REPORT

It was my good fortune to attend The National Conference of Social Work in Providence, Rhode Island, last June, where I listened to reports and plans of work given by workers in all parts of the country, and while all were dissatisfied with the amount of work accomplished and the ultimate results were unsatisfactory, they felt that the work was well worth while and planned to increase the efforts to make their people more valuable to themselves, their families and to the community.

Mr. J. Prentice Murphy of Philadelphia thinks there is too little attention given to the health of children. He believes that thorough physical or mental examinations should be made of children who do not respond promptly to the usual incentives, so that

needless illnesses may be avoided or obscure diseases cured and thereby have a useful person instead of an ailing or burdensome one. He firmly believes that it is economy to spend money freely for such purposes, and that together with the reestablishment of the health of the children, the parents and older members of the family should be guided and taught to maintain it.

Mr. Hoover spoke at one evening meeting, deploring the wastefulness and harmfulness of child labor, which is still legal in many states; and urged a campaign of popular education to improve the state laws.

Mrs. Cabot had made an interesting study of "The Spiritual Values of Childhood," which she presented so well that every hearer resolved to consider them carefully in her work with families. Over and over it was made plain that we must know each member of our families if we expect to build that family into an independent, self respecting and wholesome unit of our city, town or neighborhood.

I am looking forward to the next meeting, which will be the Fiftieth Anniversary, to be held in Washington, D. C., the latter part of March, 1923. I am sure many of the members of this Board would be interested in attending it. At that time there will be presented a very careful study of the progress made in the past fifty years, and plans for the future which will mean great benefit for all the people of the country.

During the four months of your summer recess we discontinued the hospital arrangements for Dispensary patients and hope thereby to do better work with the patients we still have. There have been a total of 360 cases, 134 of which were new and 226 were known before. There were 1,417 calls in the office and 258 home visits. 224 letters were received, 241 written. There were 491 cooperations with 74 organizations. 94 people were referred to other organizations, chief among which were 26 to Central Free Dispensary, 25 to Infant Welfare Society, 8 to Convalescent Home, 4 to Grove House for Convalescents and 6 to Visiting Nurse Association. We sent 14 to Hinsdale Fresh Air Home for vacations, 7 to Holiday Home, Lake Geneva, 2 to Camp Gray, Saugatuck, Mich., and 1 to King's Daughters' Home, Evanston.

In the prenatal work there were 110 cases under care, 59 new cases examined, 44 delivered in the hospital, 5 delivered elsewhere, and 31 visits in the home for prenatal instruction.

Respectfully submitted,

JESSIE BREEZE.

TAG DAY FOR CHILDREN'S BENEFIT LEAGUE

Mrs. Wm. R. Tucker, chairman of the Tag Day Committee, reports the usual number of enthusiastic workers at their posts on Monday, October 16th, with the gratifying result of \$2,550.70 collected for our fund. Her full report will appear in the January Bulletin.

ALUMNAE NOTES

The twenty-third Convention of the American Nurses' Association was held in Seattle, Washington, from June 26th to July 1st.

The P. H. S. N. Alumnae Association was well represented, there being twenty-seven members in attendance, among them Miss Eleanor E. Thomson, class of 1909, who was chairman of the Mental Hygiene Section.

Miss Thomson was later elected vice-president of the association.

Miss Carol Martin, class of 1906, Executive Secretary of the Central Council of Nursing Education, gave an excellent paper.

Much interest and enthusiasm was conveyed to us by the report which was prepared by Mrs. Jane Bretager Laus, our delegate. The report which was read at the August meeting was followed by a talk by Miss McMillan on some of the topics of greatest importance which were presented.

Miss Loraine Vickery (1921) sailed September 15th to take up Missionary work in India. She will be in the Sarah Creighton Hospital, Brendaban, India.

Miss Leila Clark (1922) has joined her father in his work at the American Mission, Lahne, India.

Miss G. R. Porter sails September 25th for the American Mission located at Taxilla Punjat, India.

Miss Catherine Buckley (1912) and Miss Alice Morse (1910) have completed their work in Columbia University. Miss Morse has accepted a position as Superintendent of Nurses in Harrisburg, Pa.

Miss Eula Butzerin, Miss Lettie Wadsworth, Miss Eleanor Zuppann, Mrs. Alma Ham Scott and Miss Ruth Brown are still enrolled.

Miss Mary Dunwiddie (1920) has accepted the appointment of Field Advisory Nurse on the State Board of Health, Madison, Wis.

Miss Bertha Mann (1921) is Surgical Nurse at Hackley Hospital, Muskegon, Mich.

Miss Dorothy Rogers (1921) is Instructress at Washington Boulevard Hospital.

Miss Jessie Stevenson (1921) and Mrs. Elizabeth Farnsworth Glover (1909) are doing V. N. A. work.

Miss Della Hanson (1915), who has charge of the U. S. Veterans' Department in University Hospital, Oklahoma City, spent a few days of her vacation in Chicago.

Miss Milly E. Brown (1909) is Chairman of the Private Duty section of the Program for the State Association meeting to be held in October.

Miss Irene Smith (1908) has been appointed a member of the Surgery Nursing Staff at Presbyterian Hospital.

Miss Ethel Armstrong (1921) has accepted a position on the teaching staff in Sprague Home.

Miss Edith A. Stehle (1921) is Supervising Nurse on third floor, Jones building, filling the vacancy made by Miss Mabel Berg's resignation.

Miss Anna Reike (1921) is in charge of the Obstetrical Department.

Miss Henrietta Ritchie (1919), former assistant night supervisor, has been appointed head nurse on C floor Pavilion, taking the work of Miss Mabel Render, recently resigned.

The usual Fall activities have begun in the School; a large class entered September 18th.

Born to Dr. and Mrs. L. E. Hines (Doris Zinn) a son, June 25, 1922.

Born to Mr. and Mrs. R. S. Cheney (Margaret Ray) a daughter in August.

Married—Miss Grace Robeson to Dr. Edward Dudley Allen, June 14, 1922.

Miss Maud Alene Emery to Dr. Frederick William Mulsow, June 28, 1922.

Miss Edith Cappon to Rev. Edwin Paul McLean, July 8, 1922.

Miss Mary Albert to Dr. Gordon L. McGuffin, July 12, 1922.

Miss Wyllis Gearhart to Mr. Charles Britton, August 26, 1922.

Miss Nina B. Fitman to Mr. W. L. Buhrman, September 7, 1922.

Miss Mabel Render to Dr. George Fred Sutherland, September 20, 1922.

Miss Elizabeth Mangnall to Mr. J. T. Kelly.

Miss Ruth Bridge to Mr. Gerald J. Flynn.

